



Australian Chiropractic College

STUDENT ACADEMIC APPEALS FORM

Name

Date of Birth

Student ID

Email

Postal Address

Phone Number

Reason for Appeal

Reason for Appeal	Tick
An application for grade review was denied from assessor	
Failure to follow due process	
Course exclusion or dismissal	
Failure to meet academic progress requirements	
Exclusion or dismissal on grounds of academic misconduct	
Other: Explain	

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Provide the subject and subject code relevant to the application

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Provide the name of the relevant staff members relevant to the application

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Provide a summary of the key facts related to the application including the decision you are wishing to have reviewed, the date of the decision, and the outcome you are seeking

ire.

- I am available for interview by the Student Academic Appeals Committee if required.
- I declare that to the best of my knowledge, the information included in this application is true and correct.

Signed:

Date:
