



Request/ Complaint/ Appeal Form

THE CENTRE OF EXCELLENCE

Student Name		Contact Number	
Student Number		Date	
Address:			

Course	
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Request/ Complaint/ Appeal	
<input type="checkbox"/> Attendance <input type="checkbox"/> Course Progress <input type="checkbox"/> Enrolment Suspension <input type="checkbox"/> Enrolment Cancellation	
<input type="checkbox"/> Timetable *2 <input type="checkbox"/> Reassessment <input type="checkbox"/> Re-mark *3 <input type="checkbox"/> Student Transfer	
<input type="checkbox"/> Other _____	
Signature	Date

*please note:

1. Anonymous complaints will not be actioned.
2. Requests for Vocational timetable changes will be passed on to Vocational staff to address.
3. If you are seeking a review of your results you must make this request within 20 working days of completion of the assessment.

OFFICE USE ONLY			
Date received		Received by (name):	