



ACADEMIC APPEAL FORM

This form is to be used in relation to academic matters only and must be used in conjunction with the Student Complaint and Appeal Policy and Academic Appeal Procedure.

STUDENT DETAILS	
Title and Full Name	
Student Number	
Program	
Student Status	<input type="checkbox"/> Enrolled <input type="checkbox"/> Not Enrolled <input type="checkbox"/> Excluded

TYPE OF ACADEMIC APPEAL

Please indicate the type of appeal as set out in the Academic Appeal Procedure

- | | |
|--|---|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Student Progress |
| <input type="checkbox"/> Student Enrolment | <input type="checkbox"/> Academic Integrity |
| <input type="checkbox"/> Student Research Misconduct | <input type="checkbox"/> Other (please specify) |

COURSE DETAILS - Please indicate the course which is the subject of the appeal (if applicable)	
Course Number	
Course Name	
Semester	
Course Examiner	
Assessment Item	

FOUNDATIONS FOR APPEAL

Please indicate and provide evidence of the grounds for submitting your appeal, which must include at least one of the following three:

- The appropriate policy was not adhered to or correct procedures were not followed in considering or handling the matter.
- The decision was made without due regard to facts, evidence or circumstance.
- The decision, where applicable, involves a penalty which was too harsh, exceeding the nature of the offence.

Please provide a statement to support your appeal and attach further documentation as necessary:

CONSULTATION AND INFORMAL RESOLUTION PROCESS

- I confirm that the consultation process has taken place but did not resolve the matter
 - I confirm that a Review of Final Grade Application Form has been completed and is attached
 - The consultation process has not taken place because:
-
-

DESIRED OUTCOME:

- I am seeking the following outcome from my appeal:
-
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STUDENT DECLARATION AND SIGNATURE

This Appeal Form, and accompanying documentation, must be submitted to the Secretary of the Academic Appeals Committee by electronic submission to Academic.appeals@usq.edu.au.

- I acknowledge that I have read the Student Complaint and Appeal Policy and the Academic Appeal Procedure and that this appeal is submitted in accordance therewith.
- I declare that the information provided in this form is accurate and that I have provided details of the grounds upon which I intend to rely in this appeal.

Student Signature

Date

For use by Secretary of the Academic Appeals Committee	Date Received:
The student has completed:	
<input type="checkbox"/> Student details in full	<input type="checkbox"/> Consultation and Informal Resolution process
<input type="checkbox"/> Type of appeal and course details (if applicable)	<input type="checkbox"/> Grounds for appeal and provided a statement to support the appeal
<input type="checkbox"/> Student Declaration and Signature	

Assessment of Appeal submission by Chair of the Academic Appeals Committee	Date:
The appeal submission has been assessed by the Chair of the Academic Appeals Committee and:	
<input type="checkbox"/> The Appeal can be heard by the Academic Appeals Committee	
<input type="checkbox"/> The Appeal submission will not be proceeded with, on the grounds that:	
<input type="checkbox"/> The Appeal should be referred for mediation first;	
<input type="checkbox"/> There are insufficient grounds for the Appeal; or	
<input type="checkbox"/> The Appeal is vexatious or malicious	

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