



Educating for Excellence

Australian Ideal College

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INTERNAL APPEAL FORM

Student's Name: _____

Student ID: _____ Telephone: _____ Email: _____

Address: _____

Guardian's Name (if student is under 18 years old) : _____

Guardian's Telephone: _____ Guardian's Email: _____

Department: English Business and Accounting Interpreting & Translating

Did you receive a notification of intention to report letter? Yes No

Reason for lodging an appeal (attach more pages if you need more writing space)

Supporting evidence attached (please describe) Yes No

Student's Signature: _____

Date: _____

Guardian's Signature: _____

Date: _____

Office Use Only:	Received on / /	Received by:
Comments:		