

## APPEAL OF A DECISION FORM

### Purpose

This form is used by students to formally lodge an appeal against a decision made by the Southern Lights International College that affects their enrolment, assessment outcome, attendance, or compliance status. The appeals process is part of the College's commitment to procedural fairness and natural justice, ensuring students have access to a transparent, accessible, and timely review process in accordance with the Complaints and Appeals Policy and Procedure.

### Instructions

1. Students must complete all sections of the form, clearly identifying the decision they are appealing, the reasons for the appeal, and the outcome they are seeking.
2. Appeals must be submitted within 20 working days of the student receiving the original decision.
3. The completed form can be submitted in person to the Administration Officer or via email to [info@slic.nsw.edu.au](mailto:info@slic.nsw.edu.au).
4. Upon receipt, the appeal will be acknowledged in writing and reviewed in accordance with the College's internal appeal procedures.
5. The outcome of the appeal will be communicated to the student in writing, and any relevant actions will be recorded, including whether a Continuous Improvement Form (CIF) has been raised.
6. A copy of this form and associated outcome documentation will be retained on the student file and logged in the SLIC's complaints and appeals register for monitoring and evaluation.



Name:	Student ID no:
Course:	Date:
Appeal	Details of appeals – please tick <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Attendance <input type="checkbox"/> Notice of Intention to Report <input type="checkbox"/> Notice of Intention to Cancel <input type="checkbox"/> Other  <b>Note:</b> Appeal must be lodged within 20 working days of initial result received.
What is the decision that you wish to appeal?	
What are the reasons for your request?	
What outcomes are you seeking or expect?	
Are there any areas in which we can improve our systems in the future?	
By signing this form, I certify that the information provided is true and correct.  Signature:	Date:



Office Use Only		
Receiving staff member Date		
Appeal outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	
Date student advised of outcome.....		
Detail action taken:.....		
Continuous Improvement Form (CIF) raised: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date CIF raised:	
CIF raised by:		
Signed:	Date:	
CIF received by the Administration Manager <input type="checkbox"/> Yes <input type="checkbox"/> No	Allocated CIF no:	
Signature of the CEO:	Date:	