Appeal Form

First Name: ____________________________  Family Name: ____________________________

Student ID: ____________________________  Contact Phone No: ____________________________

Course Name: ____________________________

Before completing this form, please read Imperial's Complaint and Appeals Policy

Please state the nature of your Appeal including date, time, place and other people (if any) involved. You must also attach any supporting documents with this form

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Note:
1. You MUST continue to attend classes until the Appeal process is complete
2. The Appeal process will commence within 10 working days of the lodgement of this form

Student Signature: ____________________________  Date of Lodgment: ____________________________

Imperial Staff member receiving this form: ____________________________  Date form received: ____________________________

Expected resolution date ____________________________

(Appel resolution phase begins within 10 workings days of lodgment of the formal appeal)

Decision Record

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Appeal considered by: ____________________________  Date: ____________________________