

APPLICATION FOR AN APPEAL

About this form

This form should be used if you wish to lodge an appeal to the Student Appeals Committee under the terms of the Student Grievance Resolution Policy.

Students should read the Student Grievance Resolution Policy carefully, taking particular notice of the University's appeals process for progress, academic and non-academic grievances which involves informal resolution, formal resolution and, if the matter remains unresolved, via the Student Appeals Committee. Please also note that all cases will be submitted for a preliminary pre-assessment of the grounds. Please refer to the policy webpage to familiarise yourself with the scope of this Committee:

<https://www.canberra.edu.au/content/myuc/footer/student-grievances.html>

Student support

Students who require assistance or advice regarding the University's student grievance resolution processes should contact the local support services on their campus in the first instance.

If you require support and advocacy throughout the grievance process, please contact the Advocacy Office of the University of Canberra Student Representative Council:

student.advocacy@canberra.edu.au

The full Student Grievance Resolution Policy is available at:

<https://www.canberra.edu.au/Policies/PolicyProcedure/Index/219>

All communications relating to this appeal must be in writing and emailed to

SecretarySac@canberra.edu.au

APPLICATION FOR AN APPEAL

AGAINST A DECISION OF AN ACADEMIC PROGRESS OFFICER (ACADEMIC SUSPENSION)

Contact information

Full name:	<input type="text"/>
Student ID:	<input type="text"/>
Enrolled course:	<input type="text"/>
Phone number:	<input type="text"/>
Postal address:	<input type="text"/>

Grounds for appeal

Please tick the box as appropriate:

☐ The decision-maker incorrectly applied the Academic Progress Rules in making their decision

Please describe how the decision-maker incorrectly applied the Academic Progress Rules in making their decision and provide any documentary evidence which supports these allegations.

☐ **A failure of process resulting in disadvantage to the student**

Please describe any failure in the process and provide any documentary evidence which supports these allegations.

Desired outcome

Please provide a brief comment on what you would consider to be a satisfactory resolution of your grievance.

I declare that I have read the *Student Grievance Resolution Policy* and that the information given on this form, and on any accompanying papers, is a true and complete statement of facts.

I acknowledge that delay or failure to reply to correspondence from the Student Appeals Committee may delay resolution of my appeal beyond the timeframes prescribed in the *Student Grievance Resolution Policy*.

Privacy – personal information

You are entitled to protection of the personal information you provide to the University of Canberra (UC) under the *Information Privacy Act 2014*. This means that any personal information we collect about you is treated according to the law and applicable policy. See UC's Privacy Policy (available at <https://www.canberra.edu.au/privacy>) for more information.

The personal information collected on this form will allow your appeal to be considered by the Student Appeals Committee under the University's Student Grievance Resolution Policy. In considering your appeal, the University may disclose some personal information we hold to other relevant organisations, including overseas organisations or regulators. For example, if your studies involve organisation related to the University (such as the University of Canberra College), a third party provider or an external research or teaching centre, your personal information may be disclosed to that entity.

By signing and submitting this form, you consent to the University of Canberra using and disclosing your personal information as described above.

Signed:

Date: