

E: study@thacollege.edu.au W: www.thacollege.edu.au



Student Grievance & Appeals Form

FORM TO BE USED FOR:

- Complaints & appeals against academic assessment;
- Complaints and appeals against non-academic grievances
- Appeals against the result of an application for special consideration in relation to an individual student;

Processing time is 20 working days from the date of receipt.

Important Information:

- You should read the policy and procedures carefully.
- Any request for a student's appeals must be made in writing, using this form
- Before your form for an Appeal will be considered, you must complete all the sections below and attach documents relevant to your

If you change your address during the period, please contact us to ensure your address details are updated for future correspondence.

Checklist

Personal Details

☐ I have indicated the grounds for appeal and addressed these in my submission.

☐ I have attached copies of all my supporting documentation.

Family Name:		Gender: Male □ Female □		
Given Name:		Date of Birth:		
		Date of Birt		
Address:	T		Post Code:	
Student ID No:	Group:	Mobile:		
Email:				
Course				
Details of Complaint				

ABN: 61 099 195 534 TOID: 21588



The Health Arts College Pty Ltd 1/94 Foster Street, Dandenong, Melbourne, VIC 3175 1300 658 326

E: study@thacollege.edu.au W: www.thacollege.edu.au

Details of Appeal				
Student Declaration				
	application is accurate and I have read and understood the information regar	rding the complaints & appeals p	process of	The Health Arts
I declare the information provided in this College PtyLtd				
I declare the information provided in this	application is accurate and I have read and understood the information regar Student Signature:	rding the complaints & appeals p	process of	The Health Arts
I declare the information provided in this College PtyLtd				
I declare the information provided in this College PtyLtd				
I declare the information provided in this College PtyLtd				
I declare the information provided in this College PtyLtd				
I declare the information provided in this College PtyLtd Student Name:	Student Signature: OFFICE USE ONLY			
I declare the information provided in this College Pty Ltd Student Name: Outcome: Approved	Student Signature:			
I declare the information provided in this College PtyLtd Student Name: Outcome: Approved Comments:	Student Signature: OFFICE USE ONLY			
I declare the information provided in this College PtyLtd Student Name: Outcome: Approved Comments:	Student Signature: OFFICE USE ONLY	Date:	I	I
I declare the information provided in this College PtyLtd Student Name: Outcome: Approved Comments: (if applicable)	OFFICE USE ONLY Not Approved	Date:	1	
I declare the information provided in this College PtyLtd Student Name: Outcome: Approved Comments: (if applicable)	OFFICE USE ONLY Not Approved	Date:	1	
I declare the information provided in this College PtyLtd Student Name: Outcome: Approved Comments: (if applicable)	OFFICE USE ONLY Not Approved	Date:	1	
I declare the information provided in this College PtyLtd Student Name: Outcome: Approved Comments: (if applicable)	OFFICE USE ONLY Not Approved	Date:	1	

ABN: 61 099 195 534 TOID: 21588

