

ACN: 003 863 296 CRICOS PROVIDER: 02117D

SPEAK COLLEGE PTY LTD (ABN: 49 003 863 296)

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Student Assessment Appeal Form

* This form must be lodged within 20 days of the appeal if at all practical.

Your details
(You must provide at least your name and one means of contact before your appeal can be investigated.)
Name of Student:
Student Number:
Postal Address:
Phone Number: Email:
Type of appeal
Please $$ in front of the main type of issue your appeal relates to:
☐ a. Refusal of admission to a specific course unfair assessment decision
□ b. Incorrect assessment calculation
□ c. Exemption due to compassionate or compelling circumstances
Appeal
Providing as much details as possible will assist us in investigating your appeal. If necessary, you may attach extra pages or material to this form. Please provide specific details of what your appeal is about, including
Student signature:
Date:

We shall investigate this appeal within 10 working days of receipt. You may be represented by a nominee at any stage of the Appeal process and grievance process and this appeal process does not prevent you from exercising your rights to other legal remedies. We shall inform you of the outcome, in writing, within 14 working days.