EDUCATION ACCESS (AUSTRALIA) PTY LTD

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APPEALS FORM

First Name:	Family Name:			
Student ID:	Contact Phone No:			
Course Name:			Course Code	
Address			Post Code	
Email				

Before completing this form, please read EAA'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

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 Lody	of gment:
EAA Staff member receiving this form:		ived:

Expected resolution date ____

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

OFFICE USE ONLY					
Decision Record					
Signature:	Date:				
** Ensure entry is documented in the Complete	aints and Appeals Register				
Education Access (Australia) Pty Ltd trading as	Appeals Form				
Education Access Australia	Version 1				
CRICOS Provide Code: 02450B	July 2016				

RTO Code: 21265

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