



# Appeal to the Division Appeals Committee against Preclusion

This form is to be lodged where you do not agree with the school committee's decision to preclude you due to unsatisfactory progress, and you wish to request that the Division review this decision.

You must lodge this form with Campus Central, for consideration by the Division Appeals Committee, within **TWENTY working days** of the date specified in the letter notifying you of the school committee's decision.

Please refer to Section 10 of the *Assessment Policies and Procedures Manual* for more information about lodging an appeal to the Division Appeals Committee <http://www.unisa.edu.au/policies/manual>.

## Part A: Personal details

Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):							
Family name:								
Date of birth:	Contact No:							

## Program details from which you were precluded:

Program code:	Program title:
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## Part B: Grounds for review

In support of your appeal, please attach one or more of the following to this application (and tick to indicate you have done so):

- A letter setting out why you do not agree with the decision to preclude you from your studies.
- A medical certificate.
- A copy of your Academic Review – Action Plan
- Evidence of any action taken by you in response to previous academic counselling
- Other, please specify below

## Student Declaration

I wish to make an appeal against the school committee's decision to preclude me from my studies on the grounds set out in this form and in the attached documentation.

Student Signature:	Date:
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## LODGING YOUR APPLICATION

<u>In person</u>			<u>By post</u>
<b>City East</b> Campus Central Level 3 Playford Building	<b>City West</b> Campus Central Ground Floor Yungondi Building	<b>Magill</b> Campus Central Level 1 B Block	University of South Australia Campus Central – (name of campus) GPO Box 2471 Adelaide SA 5000
<b>Mawson Lakes</b> Campus Central Ground Floor A Building	<b>Mount Gambier</b> Regional Centre Office Wireless Road Mount Gambier SA 5290	<b>Whyalla</b> Campus Central Ground Floor Main Building 111 Nicolson Avenue Whyalla Norrie	<b>By fax</b> City East                   +61 8 8302 2466 City West                   +61 8 8302 0590 Magill                       +61 8 8302 4090 Mawson Lakes           +61 8 8302 3550 Mount Gambier           +61 8 8647 6082 & Whyalla

<b>OFFICE USE ONLY</b>	
<b>Campus Central</b>	
Date received from student:	Received by:
<b>Division Appeals Committee</b>	
Date appeal heard:	Decision: <input type="checkbox"/> Appeal Upheld <input type="checkbox"/> Appeal Denied
Date student notified of outcome:	
Recommendations/outcomes:	
Chair of Division Appeals Committee name:	
Chair of Division Appeals Committee signature:	
Date completed form sent to Campus Central:	
<b>Campus Central</b>	
Date received from committee:	Received by:
<input type="checkbox"/> Outcome recorded on Medici	<input type="checkbox"/> Form placed on student's file
Date processed:	Processed by: