

Academic Appeal Application Form

Printed copies of this text are not controlled. Always check the CIT website cit.edu.au to ensure this information is correct.

Before lodging an Academic Appeal Application Form, ensure you have first spoken with your Teacher, and if you are still unsatisfied, the Head of Department. See CIT's Academic Appeals Policy at cit.edu.au for more information. If after you have followed all of the above steps and you are still not satisfied you are then able to lodge an Academic Appeal form. This form should be submitted at any CIT Student Services within 4 weeks of the subject result being available on the Student Management System (Banner).

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____ Email: _____

Program Code: _____ Program Name: _____

Subject Code/CRN: _____ Subject Name: _____

CIT Number: CIT Semester: Year:

Teacher Name : _____

I request a review of the grade awarded for the above subject. I am aware that a \$30.00 fee is charged for each subject grade that I am seeking a review; and that this money must be paid before any formal appeal can be considered. I understand that the fee will only be refunded if my appeal is upheld.

Signature: Date:

The details provided on this form will be used to maintain your student records. Personal data is protected from unauthorised disclosure by the Privacy Act 1988

CIT Student Services Use Only

Student has paid fee for appeal subject Date paid: _____ Receipt Number: _____

Sent to Director: _____ College Name: _____

Entered on CRM : CRM reference number: _____

College Use

Approved Not Approved Date: _____

Evidence attached detailing reason for Grade change Director name: _____

Written confirmation of outcome provided to all parties Director signature: _____

Checklist

Final decision documented (paperwork scanned and attached to CRM incident, original filed on Institute File)

Update of Result Sheet completed and sent to Awards & Graduation Team. Date sent: _____

Approval for refund of Appeal fees Date CRM referred back to CIT Student Services for refund: _____