



Student Appeals against Academic Decisions Form

In order to appeal an academic decision, you are required to complete this form and submit it with any supporting documentation to Student Services (MPAU) in the Edward Ford Building (A27) **within fifteen (15) working days** of receiving the outcome of the informal stage of the appeals process.

The information you supply on this form is needed by Sydney Medical School so that it can deal with your application to appeal an academic decision. This document, and any associated records, will be retained by Sydney Medical School. The records will only be available to those staff who need access to them in order to carry out their duties. All records will be destroyed in a secure manner at the appropriate time. Any request to access and/or correct the information should be addressed to Student Services, in the first instance.

To appeal an academic decision, students must be aware of the following:

1. All appeals must be student initiated.
2. This form must be completed in order to successfully appeal an academic decision.
3. This form must be submitted with any supporting documentation addressed to the Dean of Sydney Medical School, **within fifteen (15) working days** of receiving the outcome of the informal stage of the appeals process, to Student Services, in the Edward Ford Building.
4. A written receipt will be issued (at the bottom of page two) by Student Services within 3 working days of lodgment. Students at remote sites may have the receipt e-mailed to them.
5. Students will be notified in writing of the academic decision concerning their appeal application **within ten (10) working days** of submission of their application.



Student Appeals against Academic Decisions Form

THIS FORM SHOULD BE SUBMITTED TO THE STUDENT SERVICES OFFICE AS SOON AS PRACTICABLE BUT NO LATER THAN FIFTEEN (15) WORKING DAYS AFTER RECEIVING THE OUTCOME OF THE INFORMAL STAGE OF THE APPEALS PROCESS.

SID (9 digits)

DATE

Surname: _____ First name: _____ Other names: _____
BLOCK LETTERS

Address: _____ Postcode _____

Telephone: _____ Email: _____

Degree: _____ Stage:(1,2,3,etc) _____ Date of Birth: ____/____/____

Indicate Assessment for which an appeal is being sought, including date of assessment.

Unit of Study	Assessment Name	Date of assessment
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Please state briefly the reason for your application in your own words (attach additional/supporting documentation if desired)

For Office Use

Appeals application received by Student Services

Signed _____ Signed _____
(Student) (MPAU)

Date ____/____/____



Academic Judgment regarding student initiated appeals application regarding an academic decision

This form should be completed by the Dean of Sydney Medical School or his/her delegate who acts as an assessor of the appeals application. The Dean of Sydney Medical School or his/her delegate must sign this page.

Name of Student: _____

SID: _____

Assessment(s) for which an appeal has been made:

Academic Judgment (indicate reasons for the academic judgment) (attach supporting explanation if required)

Granted / Not Granted (please circle)

Name _____ Signed _____ Date ___/___/___
(Dean or his/her delegate) (Dean or his/her delegate)

This document is to be retained for a minimum period of 12 months from the end of the relevant semester.

For Office Use

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- 1 Date appeal received: ___/___/___
 - 2 Date Academic Judgement received: ___/___/___
 - 3 Date student notified of Academic Judgement: ___/___/___