



This form is to be lodged where you do not agree with the Program Director's decision to discontinue your enrolment in a program (i.e. preclude you) due to unsatisfactory progress, and you wish to request that the Preclusion Appeals Committee review this decision.

You must lodge this form through your Partner Administration Office, for consideration by the Preclusion Appeals Committee **within TWENTY working days** of the date specified in the letter notifying you of the Program Director's decision. Such appeals must be supported by relevant evidence including any action taken by you in response to previous academic counselling.

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

Part A: Personal Details

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|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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"/> | <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: |
|---------------|----------------|

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 your in response to previous academic counselling
- Other, please specify below

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Student Declaration

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

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| Student Signature: | Date: |
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LODGING YOUR APPLICATION

Your application should be lodged with your **Partner Administration Office** within **TWENTY** working days of the date specified in the Preclusion letter notifying you of the Program Director's decision.



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| OFFICE USE ONLY | |
| Partner Administration Office | |
| Date received from student: | Date uploaded to Collaborate™: |
| UniSA Office: Student and Academic Services (SAS) | |
| Received by (initial): | Date: |
| Preclusion Appeals Committee | |
| Date appeal heard: | Decision: <input type="checkbox"/> Appeal Upheld <input type="checkbox"/> Appeal Denied |
| Date student notified of outcome: | |
| Recommendations/outcomes: | |
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| Chair of Preclusion Appeals Committee name: | |
| Chair of Preclusion Appeals Committee signature: | |