



This form is a request to the Student Appeals Committee to review the decision of the Preclusion Appeals Committee to preclude you from your studies, on the grounds that:

- a) the policy and/or procedures for academic review were not correctly observed, or
- b) evidence is now available that supports your previous claims made in defence of your case. The evidence must be from the time period up to the date the case was heard by the Preclusion Appeals Committee, and must not have been available at the time the decision was made.

This form can only be lodged where you have already lodged an appeal with the Preclusion Appeals Committee and you are dissatisfied with the decision of that committee.

You must lodge this form (with supporting documentation attached) to the Director: Student and Academic Services Unit within TWENTY working days from the date specified in the letter notifying you of the decision of the Preclusion Appeals Committee to preclude you, through your Partner Administration Office.

Please refer to Section 11 of the *Assessment Policies and Procedures Manual* for more information about lodging an appeal to the Student 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"/>	<input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):								
Family name:									
Date of birth:	Contact No:								

### Program Details:

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

Please attach the following evidence to this application (if relevant) and tick to indicate you have done so:

- A letter setting out the grounds for review. The grounds for review must include the basis upon which the process for Academic Review was not followed, as per point (a) above, **or** any new evidence which was not available at the time the Preclusion Appeals Committee considered the matter, as per point (b) above.
- A copy of your Appeal to the Preclusion Appeals Committee against preclusion.
- 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:

### Student Declaration

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

Student Signature:	Date:
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### LODGING YOUR APPLICATION

This application is to be lodged through your Partner Administration Office

### OFFICE USE ONLY

#### Partner Administration Office

Date received:	Date upload to Collaborate™:
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#### UniSA Office: Student and Academic Services (SAS)

#### Forward to:

Director: Student and Academic Services

Date received:	Received by:
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