STUDENT COMPLAINTS AND APPEALS FORM
International Student Program

Please use this form for:

- Appeals against academic assessment;
- Appeals against the notification of intention to cancel COE
- Appeals against the result of an application for special consideration in relation to an individual student;
- Appeals against the application for suspension/deferment/cancellation of enrolment;
- General complaints

Please note: The College Principal will consider your concerns within 10 working days and will arrange a meeting with you or respond to you in writing. You will be notified of the outcome of your request, and the reasons for any School decisions, within 5 working days.

Important Information:

- The Complaints and Appeals Policy and Form can be accessed on our website: https://stjohnsanglicancollege.com.au/international-college-policies/ .
- You should read the policy and procedures carefully to establish your eligibility for a Complaint or Appeal.
- Any request for a student's Complaint or Appeal must be made in writing using this form.
- Before your Complaint or Appeal Form will be considered you must complete all the sections below and attach documents relevant to your application.
- The completed form can be emailed to the Principal, Mrs Maria McIvor (mmcivor@sjac.qld.edu.au) or handed to the International Administration Officer on Level 1.

Attachments: Please ensure you attach any relevant supporting documentation.

Please note*:* This form will be assessed once all documentation has been received. The school may ask for more documentation if required.

Contact Details			
Student Name			
Year / Elicos			
Current Address in Australia			
Address in home country			
Phone Number		**Mobile Number**	
Email Address			

Details of the Complaint:

Details of the Appeal:

Student Declaration

I declare the information provided in this application is accurate and I have read and understood the information regarding the Complaints and Appeals Process of the College.

_____   _____   _____

Student Name   **Student Signature**   **Date**

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Office Use Only

Outcome: **Approved**   □   **Not Approved**   □

Comments: (if applicable): ……….
………...…………………………………………
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Received: _____   Date: __ / __ / ____

Processed by: _____   Date: __ / __ / ____

Staff Signature: _____   Date: __ / __ / ____