

Appeal Form



Student Name: _____ Student Number: _____

Contact No: _____ Email: _____

Address: _____

Reason for Appealing *(please tick as appropriate)*

Refusal of	Leave of Absence Release Letter Refund
Intention to Report (ITR) for	Non-payment Misbehaviour Attendance

Details of your grounds for appeal *(Attach documentary evidence and any additional pages if required)*

Student Signature:

Date:

Received by:

Date: