

| Appellant Details - Filled by Student | |
|---|-------------|
| Student Name: | |
| Student ID : | |
| Contact Number: | |
| Email Address: | |
| Date: | |
| If Assessment Decision - Appeal Details | |
| Course Code and Title: | |
| Unit(s) of competency relevant to the Appeal: | |
| Assessment tasks(s) relevant to the appeal: | |
| Assessor name: | |
| Appeal Details | |
| <p>1. Please outline the decision you want to appeal:</p> <p>2. Why do you consider this decision is incorrect?</p> <p>3. What actions would you like to happen in order to resolve this issue?</p> | |
| Appellant Signature | Date |

| Appeal Processing – Stella College Representative | |
|---|---|
| Appellant type: | <input type="checkbox"/> Student <input type="checkbox"/> Client <input type="checkbox"/> Stakeholder <input type="checkbox"/> Student Representative <input type="checkbox"/> Staff Member <input type="checkbox"/> Other: |
| Action taken: | |
| Appeal outcome: | |
| Continuous Improvement Record raised: | <i>Include reference number if applicable</i> |
| Actions taken to prevent reoccurrence: | <input type="checkbox"/> Update to course / training product <input type="checkbox"/> Provision of additional information <input type="checkbox"/> Amended system / policy / procedure <input type="checkbox"/> Personnel training conducted <input type="checkbox"/> Personnel support undertaken <input type="checkbox"/> Other: |
| Written confirmation to Appellant: | <input type="checkbox"/> Attached |
| Stella college Representative Name | |
| Signature | |
| Date: | |