



### **SAIBT Stage 3 Appeal Form**

Refer to the **Student Grievances and Appeals Policy, Procedure and flow chart**, available from the SAIBT website at: <https://www.saibt.sa.edu.au/policies>

|                     |  |                              |     |
|---------------------|--|------------------------------|-----|
| <b>Student Name</b> |  |                              |     |
| <b>Student ID</b>   |  | <b>Date appeal submitted</b> | / / |

|                                |  |
|--------------------------------|--|
| <b>Appeal is for trimester</b> |  |
|--------------------------------|--|

| <b>What are you appealing?</b> (please tick) |                                      |                          |                           |
|--|--------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/>                     | <b>Exam Breach</b>                   | <input type="checkbox"/> | <b>Load reduction</b>     |
| <input type="checkbox"/>                     | <b>Re-mark of assessment or exam</b> | <input type="checkbox"/> | <b>Leave of Absence</b>   |
| <input type="checkbox"/>                     | <b>Academic Integrity</b>            | <input type="checkbox"/> | <b>Withdrawal</b>         |
| <input type="checkbox"/>                     | <b>Academic Standing</b> (level):    | <input type="checkbox"/> | <b>Transfer / Release</b> |
| <input type="checkbox"/>                     | <b>Misconduct</b>                    | <input type="checkbox"/> | <b>Refund / Financial</b> |
| <input type="checkbox"/>                     | <b>Other</b> (please specify):       |                          |                           |

| <b>Why are you appealing at Stage 3?</b> (please tick) |  |
|--|--|
| <input type="checkbox"/>                               | I have more evidence   |
| <input type="checkbox"/>                               | I don't think the process was carried out in accordance with the related SAIBT policy or procedure.<br><b>State Why:</b> |
| <input type="checkbox"/>                               | I want to present my appeal in person to the Grievances and Appeals Committee  |

**Attach to this form:**

- Written explanation (letter) in your own words describing your appeal or grievance.
- Provide any information you feel may be helpful, including names and dates.
- Include copies of any material / supporting documents that may support your appeal (tick below)

| <b>Tick the additional evidence you have provided for Stage 3</b> (please tick) |  |
|---|--|
| <input type="checkbox"/>  | <b>Medical Certificate/s</b>                   |
| <input type="checkbox"/>  | <b>Offer from New Provider</b> (transfer only) |
| <input type="checkbox"/>  | <b>Other</b>                                   |

| <b>Declaration</b> (tick)  | <b>Student signature</b> | <b>Date</b> |
|--|--------------------------|-------------|
| <input type="checkbox"/> I have read the policy related to my appeal |                          |             |

Submit the completed form to the Student Services office in person, or via email: [SAIBT-SSC2@unisa.edu.au](mailto:SAIBT-SSC2@unisa.edu.au)