



Internal Appeal Form - Intention to Report

(Unsatisfactory Course Progress)

Australian College of Technical Studies

Student Personal Details

Family Name	
Given Name	
Date of Birth	
Email ID	
Phone Number	
Postal Address	

Intention to Report (ITR) Notice

Course Name	
Date ITR Notice received	
Study Period / Term	
Units Deemed Not yet Competent (NYC)	
Staff Member Issuing Notice	

Grounds for Appeal

Please select the type of decision you are appealing	
Compassionate or Compelling circumstance	

Requested Revised Course Commencement Details

Medical Issues affecting the study	
Personal or Family emergency	
Personal Error by RTO	
Incorrect academic assessment (Please specify)	
Other	

Details

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Supporting Evidence

Please attach any documents that support your appeal.

- Counselling / Welfare Document
- Medical Certificate
- Academic Evidence
- Visa Documentation (if applicable)
- Other Supporting Documents

List attached documents:

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Student Statement

Please explain how the circumstance affected your ability to maintain satisfactory course progress and any steps you will take to improve your academic performance.

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Student / Appellant Declaration

I confirm that the information provided in this appeal is true and accurate. I understand that this appeal will be handled according to the RTO's Complaints and Appeals Policy and may involve an independent review of the original decision.

Name: _____

Signature: _____

Date: ____ / ____ / ____

RTO Internal Review (internal Use Only)

Appeal submitted within required timeframe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supporting evidence reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Assessor/ Staff member assigned	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reviewer Comments:

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Outcome of Appeal

- Appeal approved - ITR withdrawn
- Appeal Partially Upheld- intervention strategy implemented
- Appeal Not Upheld - reporting proceeds

Outcome Details:

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Effective Date of Outcome: ____ / ____ / ____



Approval

Role	Name	Signature	Date
Appeals Officer			
Compliance Manager / Authorized Delegate			

Student Notification

- Outcome communicated to student in writing
- Student advised of external appeal options if dissatisfied with outcome

Notification Date: ____ / ____ / _____