

For further information, refer to the Assessment and Academic Integrity Policy and Appeals Policy

PERSONAL	DETA	ILS							
Title	Mr.	Mrs.	Ms.	Miss	Other (pl	ease specify)			
Surname				First Na	me				
Mobile Phone				Qualifica	ation				
Email Address									
APPEAL	<u> </u>								
Assessment Outcome									
Potential use of artificial Intelligence									
Chea	Cheating								
Plag	Plagiarism								
Othe	Other								
Nature of the	e App	peal							
Outline the natu									
Any further comments to support your case:									
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SECTION E: AGREEMENT

I have read and understood Australian Paramedical College's Appeal Policy and Assessment and Academic Integrity Policy. The above information is true and correct to the best of my knowledge.

I understand that I will receive a written response from an APC Quality Practice and Compliance Manager within 14 days on the outcome of their decision.

If further information is required, the Quality Practice and Compliance Manager will discuss with me.

Signature		Date	
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ADMINISTRATION USE ONLY										
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Signature		Signa	ture		Signature					
Date						Date				
ACTIONS	S / OUT	СОМ	ES							
Acknowledgement letter sent:			ire			Date				
Detail Actio	ons taken									
			Action			Outcome	Jutcome			
Outcome at	t end of p	process								
parties	advised		Signature			Date				
Complainaı options		sed of	Signature			Date				
Complaint Closed			Signature			Date				