Appeals Form

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

## PERSONAL DETAILS

| Title | Mr. | Mrs. | Ms. | Miss | Other (please specify) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Surname |  |  |  | First Name |  |  |  |  |
| Mobile Phone |  |  |  | Qualification |  |  |  |  |
| Email Address |  |  |  |  |  |  |  |  |

## APPEAL

$\square$ Assessment Outcome
$\square$ Potential use of artificial Intelligence
$\square$ Cheating
$\square$ Plagiarism
$\square$ Other

## Nature of the Appeal

Outline the nature of the appeal.

Any further comments to support your case:

## SECTION E: AGREEMENT

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.
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 |  |
| :--- | :--- | :--- | :--- |

## Appeals Form



