ELSIS
ENGLISH LANGUAGE SCHOOLS

Student Appeal Form

Student Number:_____

First Name		Surname	
Course Name		Contact Phone Number	_____/_____/_____

Please state the nature of your appeal including dates, times and other people involved.

- ☐ General Appeal
- ☐ Assessment Appeal
- ☐ ESOS Appeal
- ☐ Attendance Appeal
- ☐ Outstanding Fees Appeal

Expected Resolution Date	_____/_____/_____	(Two weeks from the date of lodgement unless otherwise agreed by both parties)

Office use Only

- ☐ Approved
- ☐ Declined