Academic Misconduct Appeal Form

Instructions:

Please submit this Appeal Form to Student Services at your campus or via email at info@alit.edu.au within five (5) working days of receiving your academic misconduct notification.

Student to Complete

Student ID:	Email:
Given Name:	Contact Number:
Family Name:	Campus:
Program/Course:	Assessment Number:

Grounds for appeal *(Attach documentary evidence and any additional pages if required)*

Please provide detailed reasons explaining why you believe you are not guilty of the academic misconduct charge as outlined in the letter dated: _____	
Wish to Attend a Hearing	**Don't want to Attend a Hearing**
Evidence is Attached	**No Evidence**
Student Signature:	Date:

Student Declaration

☐ **I declare that the information provided in this appeal is true and accurate.**
☐ **I understand that the appeal will be processed in accordance with ALIT's Complaints and Appeals Policy.**

Student Discipline Committee (SDC) Decision:

Name:	**Date:**
Signature:	