

HOW TO APPLY

- Please read the **Complaints and Appeals Policy and associated procedure** published on IGI website before submitting this form.
- Complete this form within 20 working days of being notified of the complaint outcome.
- Please attach additional supporting evidence.
- Students will be notified **within 10 working days** of the outcome of their appeal.

STUDENT DETAILS

Student ID: _____ Family Name: _____

Given Name(s): _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail: _____

COURSE

- | | |
|--|--|
| <input type="checkbox"/> Bachelor of Business Management | <input type="checkbox"/> Bachelor of Digital Marketing |
| <input type="checkbox"/> Associate Degree of Business Management | <input type="checkbox"/> Bachelor of Entrepreneurship and Innovation |
| <input type="checkbox"/> Diploma of Business Management | |

CHECKLIST

Have you previously submitted a Complaint form, and have you been notified of an outcome?

Yes No

Do you have additional evidence to support your appeal?

Yes No

Details of evidence provided:

GROUND FOR APPEAL

Please state the reason(s) for appeal:

What is the outcome you are hoping to achieve from this appeal?

STUDENT DECLARATION

- I declare that the information provided by me on this form is true and correct.
- I have read and understood the *Complaints and Appeals Policy and associated procedure*.
- I agree and give my permission to IGI to the release of personal information for the purpose of resolving this appeal.

Student's Signature: _____

Date: _____

IGI USE ONLY

APPEAL RECEIVED

Evidence provided: Yes No **Date Received:** _____

Notes:

Approved By:

Name _____ **Position:** _____

Signature: _____ **Date:** _____

Student advised in writing: YES **Recorded on student file:** YES