



External Appeal Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

First Name:	Surname:
Student ID:	Course Enrolled:
Mobile:	Email:
Postal Address:	
Internal Appeal Information	
Date of IIB receiving my complete Internal Appeal Application: _____	
Date of IIB 's decision on my Internal Appeal Application: _____	
Note: You must appeal externally within 10 working days from the date of IIB 's internal appeal decision. During this time and while the appeal is being considered, you must attend all classes.	
I have received IIB's Decision on my Internal Appeal and wish to appeal externally to:	
<input type="checkbox"/> Commonwealth Ombudsmen: https://www.ombudsman.gov.au/ You can contact Ombudsman by telephone, 9am to 5pm Monday to Friday. In Australia, call: 1300 362 072 (calls from mobile phones at mobile phone rates). Outside Australia, call +61 2 6276 0111.	
<input type="checkbox"/> Other:	
Student Declaration	
<ol style="list-style-type: none">1. An IIB staff member has assisted me in accessing and submitting my external appeal application.2. I have submitted all required documentation and information in line with ACPET or OSO's external appeal requirements.3. I have read the <i>Complaints and Appeals Policy and Procedure</i>, which is available on IIB website: https://iib.edu.au/student_services/important-policies/4. I declare that the information provided and submitted by me on this form along with any supporting documents is true and complete in all respects. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the processing of my application.	
Student Signature:	Date of submitted External Appeal Application:



Office use only

Application Received By	Name:	Signature:	Date:
Action Taken By	Name:	Signature:	Date:

Comments (If there is insufficient space, attach additional sheets).
