INSTITUTE OF INTELLECT BLENDING

Address: Levels 1, 2 & 3, 436-450 Kent Street Sydney NSW 2000
Tel: 02 8072 7651
RTO: 41282 CRICOS: 03526A
ABN: 59 606 923 764
Web: www.iib.edu.au   Email: admin@iib.edu.au

Internal 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:	

I hereby appeal to Institute of Intellect Blending against their:

☐ Decision to not approve my Deferment, Suspension of Studies or Cancellation request

☐ Decision to not approve my Request to Transfer Providers

☐ Intention to report me to DHA for Unsatisfactory Attendance

☐ Intention to report me to DHA for Unsatisfactory Course Progress

☐ Intention to report me to DHA for Misconduct

☐ Intention to report me to DHA for Non-payment of Fees

☐ Decision relating to an Academic Result

Other (Please Specify)

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Grounds for Appeal (Please indicate on which ground/s you wish to appeal)

☐ New evidence, being evidence not reasonably available to IIB at the time of the original decision; and/or

☐ Procedural irregularity

☐ Other (Compassionate or Compelling Circumstances)

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Summary of your grounds for appeal : (Please attach all supporting documents)

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Note: You must appeal within 20 working days from the date of IIB's decision. During this time and while the appeal is being considered, you must attend all classes.

Student Declaration*:*

1. I have read the *Complaints and Appeals Policy and Procedure*, which is available on IIB website: https://iib.edu.au/student_services/important-policies/
2. 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.
3. I understand that IIB might amend CoE details on PRISMS as appropriate and that I need to contact the Department of Home Affairs to discuss my circumstances.

Student Signature:	**Date:**

Office use only			
Application Received By	Name:	Signature:	Date:
Action Taken By	Name:	Signature:	Date:

Application Approved ☐   OR   Rejected ☐

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

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