



# Appeals Form

Melbourne: Level 1, 459 Little Collins Street, Melbourne VIC 3000  
Tel: 03 9670 5155 Fax: 03 9670 1855 Email: [info@ashmark.edu.au](mailto:info@ashmark.edu.au) <http://www.ashmark.edu.au>

File Ref. No: \_\_\_/\_\_\_/\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**COURSE:** (please tick ✓)

- Certificate III in Automotive Mechanical Technology
- Certificate III in ESL (Further Study)
- Diploma of Management

Group Number: \_\_\_\_\_

Semester: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**DESCRIPTION:**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY (ACTION TAKEN)**

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Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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This is to certify that I have received the Appeals Form regarding \_\_\_\_\_ from  
\_\_\_\_\_, DOB (\_\_\_\_\_), Group (\_\_\_\_\_) on (\_\_\_\_\_).

Staff Name: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_

Date: \_\_\_\_\_