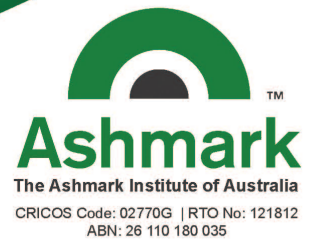


Main Campus
287- 313 Macaulay Road
North Melbourne VIC 3051

Second Campus
65, Mark Street,
North Melbourne VIC 3051

Telephone No: +61 3 9348 9002
Facsimile: +61 3 9329 2454
Website: www.ashmark.edu.au
Email: info@ashmark.edu.au



5 ddYUg Form

File Ref. No: ____/____/____

Student Name: _____

Student ID: _____

COURSE: (please tick)

- Certificate III in Automotive Mechanical Technology
- Diploma of Management
- Diploma of Automotive Management

Group Number: _____

Semester: _____

Address: _____

Post Code: _____

Telephone (Home): _____

Mobile: _____

Email: _____

Date of Birth: _____

DESCRIPTION:

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY (ACTION TAKEN):

Staff Signature: _____ **Date:** _____

<p>This is to certify that I have received the Appeals Form regarding _____ from _____, DOB (_____), Group (_____) on (_____).</p> <p>Staff Name: _____ Staff's Signature: _____ Date: _____</p>
