



Request for Academic Appeal, Conduct or Grievance

File No:

This form is for a request to the Academic Appeals, Conduct and Grievance Committee to make a determination on **i)** an appeal against any exam/assessment decision; **ii)** an academic misconduct or **iii)** an academic grievance; Students are advised to refer to the [Glossary of Terms](#) and to read the relevant section in the [Handbook](#) before completing this form. All documents are to be emailed to appeals@icms.edu.au a written request must be made within 5 days after the release of your results

Given Name		Family Name	
I.D.		Course of Study	
Contact No.		Email (@icms..)	
Select Request Category	i) APPEAL*	ii) CONDUCT	iii) GRIEVANCE
Subject Code		Subject name	
For all requests please indicate persons with which this issue has been discussed			

- Lecturer (Name):
- Program Coordinator (Name) :
- Other person (Name and Position).....

* For Appeals , indicate the criteria upon which this request is based:	
	The examiners judgement was not objectively applied
	A clerical or marking error occurred
	The assessment requirements as specified in the Subject Outline varied unreasonably
	You believe you were academically disadvantaged in some way

The following supporting documents are attached :

- The reason for the request on typed A4 paper, including the desired outcome.**
- Medical certificates
 Witness statements
 None
- Other (specify)

Student Signature: Date:

[STUDENT ADMINISTRATION USE ONLY]

Approved Denied
 Avantis Status
 Finance Committee
 COS Number _____
 PRISMS

Student Admin Staff: _____ Action Date _____ Appeal Number _____
 Time/Date Received: _____ Received by: _____