

CAIT Hi - Ed Appeals Submission Form

1. Personal Details

Full Name: _____

Student/Staff ID (if applicable): _____

Contact Number: _____

Email Address: _____

Affiliation: Student Staff Applicant Other: _____

Preferred Contact Method: Email Phone Other: _____

2. Appeal Information

Reference ID of Original Complaint/Grievance: _____

Date of Outcome Notification: _____

DecisionAppealed: _____

Type of Original Matter: Academic Non-Academic

3. Reason for Appeal

Please tick the reason(s) for your appeal:

- New evidence has become available
- Procedural error occurred during the initial handling
- Decision was unfair or unsupported by evidence
- Other (please specify): _____

Please explain your reason(s) for appeal in detail:

4. Supporting Documentation

List any documents you are attaching in support of your appeal:

5. Desired Outcome

Please describe what outcome you are seeking from this appeal:

6. Declaration

I declare that the information provided in this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

If submitting digitally, type your full name as your signature.

Submission Instructions

Submit this completed form to the Administration Manager at CAIT Hi-Ed within fifteen (15) working days of receiving your outcome notification.

Review Schedule

This document will be reviewed by the Operation's Review Committee (ORC) every three years.

Version History			
Version No	Approved by	Approval Date	Revision Notes
1.0	ORC	15 Aug 2025	New Form