



Document ID:	FORM ENR 3.4.1 F2 - Appeal of Declined Transfer Request
Responsibility:	Managing Director
Version No:	1
Issue date:	29/6/06

GREY SECTION: OFFICE USE ONLY

Date Received at Front Desk

STUDENT APPEAL OF DECLINED TRANSFER REQUEST

1. Student Information	Student Completes This Section	STUDENTS SHOULD COMPLETE PAGE ONE	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <i>Student ACNID#</i>
		<p><i>YOUR NAME (Student Appellant):</i></p> <p>Name _____ Last Name _____</p> <p>Address _____ Email _____</p> <p>Phone _____ Today's Date ___/___/___</p> <p style="text-align: center; color: red;"><i>Please submit to FRONT DESK / STAFF</i></p> <p style="text-align: center; color: red;"><i>FRONT DESK – submit to Managing Director</i></p>	
		Managing Director: Assigned to Responsible Manager (list):	

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<p>2. Define Appeal</p>	<p>Student Completes This Section.</p>	<p><i>(What is the) Issue and Why Are You Appealing The Decision to Refuse Your Request For Transfer?</i></p> <p><i>(Students: Please refer to ENR 3.4 Student Transfer Request Assessment Policy to determine eligibility and non-eligibility requirements for authorized transfer to another Provider within the first 6 months of your principal course).</i></p> <p>A <i>Please confirm that your appeal is NOT based on any of the following grounds:</i></p> <p>ACN deems the following circumstances reasonable grounds to decline a student request for transfer in the first six months of the principal course of study:</p> <ol style="list-style-type: none"> 1. The transfer may jeopardise the student's progression through a package of courses; 2. Student has a change of mind; 3. Student has not passed internal or external assessments in the first 8 months of a package of courses; 4. Student expresses difficulty with course material but has not availed themselves of the Academic Skills Unit services; 5. Student has been warned for non-attendance; 6. Student is experiencing Homestay or other accommodation problems; 7. Student is experiencing course schedule conflict with personal, work, or other non-study commitments; 8. Student is experiencing adjustment difficulties moving to Australia; 9. ACN forms the view that the student is trying to avoid being reported to DIAC for failure to meet the provider's attendance or academic progress requirements; 10. ACN believes that the course detailed in the letter of offer for the other provider will not provide adequate preparation for further study – e.g. the other Provider's course does not articulate into the Principal Course. <p>B <i>Please confirm the basis / new information you believe ACN has not considered in considering your original request for a transfer to another registered CRICOS provider.</i></p> <p><i>(Students: Attach additional documentation as required)</i></p>
<p>STUDENTS - REFER TO ACN POLICY STS 4.2 GRIEVANCE POLICY FOR FURTHER ADVICE</p>		



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3. Management Response	Responsible Mgr.	<i>Response Time:</i>	<i>Priority</i> 1 or 2 <i>(Circle)</i>	1 (24hrs – OH&S)	2 (5 days)
		<i>Transfer Appeal Supported or Refused? (Circle)</i> <p style="text-align: center;"><i>Supported.</i></p> <p style="text-align: center;"><i>Refused.</i></p> <p><i>Refer to and Complete section 4.</i> <i>Date Received by / Returned to MD</i></p>			

4. Reasons for Management Response	Responsible Mgr	<p><i>If the student appeal for a transfer within the first six months of their principal course has been declined, document rationale here:</i></p> <p>Summarize key factors for appeal advised by student:</p> <p>A Does the appeal fall into any of the reasonable grounds to decline a student request for transfer in the first six months of the principal course of study? If yes, list which one.</p> <p>B Does the appeal fall into any of the circumstances in which ACN will grant approval for a transfer? If yes, list which one.</p> <p>C If neither A or B, does the appeal contain reasonable proof that it would NOT be in the students best interest to remain in their principal course at ACN? If yes, specify here:</p>			
		<p><i>REFER ENR 3.4 Student Transfer Request Assessment Policy. Send to/Date Received by MD:</i></p>			

5. Close	Managing Director	Outcome Confirmed Correct by:	Response to Student Appellant Confirmed in Writing on: <i>Date</i> ___/___/___ <i>By:</i> _____
		MAZE Updated: Changes Required? (propose and complete <i>ACN0.4.5 Continuous Improvement</i>)	Closed on: <i>Date</i> ___/___/___ <i>By:</i> _____



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REFERENCES:

Policy Number:	Policy Title
STS 4.2	Grievance Policy
ENR 3.4	Student Transfer Request Assessment Policy
FORM STS 4.2.1. F2:-	Request for Transfer Within First Six Months of Principal Course