



STRATHFIELD COLLEGE

Strathfield College Pty Ltd
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Student Appeal Letter

**Director of Studies
Strathfield College**

Student Name: _____
Student ID Number: _____
Class: _____
Date Notification sent: _____
End Date of Appeal: _____

Date : _____

Dear Director of Studies,

I have received a _____.

I want to appeal this notification on the grounds of: (√ appropriate one)

- a. My attendance / results have been incorrectly calculated AND / OR
- b. My assessment judgement was incorrect AND/OR
- c. I have evidence to show good reason for _____ OR
- d. Other reason – specify _____

My evidence to support this is: _____

Please explain your situation below:
