



Australian College of Nursing

Request for an Appeal of an Academic Decision form

An academic decision is one that affects a student's academic assessment or progress within the award course and includes a decision:

- about a mark or grade
- about special consideration or special arrangements
- relating to credit transfer (CT) or recognition of prior learning (RPL)
- not to re-admit or re-enroll a student following exclusion
- to remove a student from clinical placement
- to exclude /withdraw a student from studying with ACN

Making an Appeal

ACN is committed to fair academic decision making. A student who is dissatisfied with an academic decision and believes that they meet eligible grounds for contesting a decision may apply for an academic appeal.

- An academic appeal must be made in writing on this form and emailed to academic.appeals@acn.edu.au within twenty (20) working days of the original assessment decision letter date.

An academic appeal may not proceed if the appeal is lodged outside of the twenty (20)-working day timeframe unless under extenuating circumstances, where approval is granted for a late submission by the Executive Director of Education (EDE).

- To seek approval to appeal under extenuating circumstances, please complete **SECTION C – APPROVAL FOR LATE SUBMISSION OF AN APPEAL** on this form.

Students must base their appeal on any one or more of the eligible grounds for an appeal and set out the basis on which the original decision falls within the grounds of appeal and provide all of the evidence that they rely on at the time they file their appeal.

- To establish your case, please provide documentary evidence to support your ground/s of appeal you've selected (if applicable).
- If you need more space, please attach additional page/s and write 'see attached' in the relevant section.

Further Assistance

- ACN strongly recommends that you read the [Academic Appeals Policy and Procedure](#), which governs the ACN academic appeal process.
- For more advice on the appeals process or how to complete the form, please contact a student support officer at Student.Support@acn.edu.au
- You can also contact your [Union and/or employer association](#)

Privacy

Information submitted as part of your appeal submission will be treated confidentially in accordance with the ACN [E.1.12 Student Privacy and Personal Information](#) policy.

SECTION A: PERSONAL DETAILS

Full Name:	
Student ID:	Contact number:
Email Address:	

SECTION B: PROGRAM DETAILS

Course Name:	Course Number:
Unit of Study Name to which your appeal refers:	Unit Number:

SECTIONS C-F (Late submission approval and appeal levels)

- **SECTION C: APPROVAL FOR LATE SUBMISSION OF AN APPEAL (If applicable)**
Only to be completed by the student where an appeal is lodged outside of the twenty (20)-working day timeframe following initial assessment or appeal decision.
- **SECTION D: APPEAL LEVEL ONE (1)** Student commences appeal process
- **SECTION E: APPEAL LEVEL TWO (2)** Student escalates appeal following the outcome of the level one appeal.
- **SECTION F: APPEAL LEVEL THREE (3)** Student escalates appeal following the outcome of the level two appeal.

SECTION C: APPROVAL FOR LATE SUBMISSION OF AN APPEAL (If applicable)

Not applicable Go to section D

An academic appeal may not proceed if the appeal is lodged outside of the twenty (20)-working day timeframe unless under extenuating circumstances, where approval is granted for a late submission by the Executive Director of Education (EDE). Please indicate the reasons for your request to lodge your appeal outside the twenty (20)-working day timeframe.

Approval for late submission granted Yes No

Reasons for Decision:

Executive Director, Education Signature: _____ Date (dd/mm/yr): _____

SECTION D: LEVEL ONE (1) APPEAL Student commences appeal process

Please tick the appeal ground(s)

- the existence of new relevant material of a significant nature
- there was a misapplication of the procedure resulting in some real disadvantage to the student or eligible person that was the subject of the decision
- the decision was manifestly wrong or excessive
- there was a bias or a conflict of interest on the part of the original decision-maker(s)

To establish your case, please provide documentary evidence to support the ground/s of appeal selected (if applicable).

STUDENT DECLARATION

I declare that the information provided in this application is accurate and that I have read and understand the information about the appeals process presented in this form.

Student signature: _____ Date: _____

LEVEL ONE (1) DECISION OUTCOME - OFFICE USE ONLY

Appeal Upheld Yes No

Reasons for Decision:

Nurse Educator Signature: _____ Date (dd/mm/yr): _____

SECTION E: LEVEL TWO (2) APPEAL The student escalates appeal following the outcome of the level one appeal.

Please tick the appeal ground(s)

- the existence of new relevant material of a significant nature;
- there was a misapplication of the procedure resulting in some real disadvantage to the student or eligible person that was the subject of the decision;
- the decision was manifestly wrong or excessive;
- there was a bias or a conflict of interest on the part of the original decision-maker(s)

To establish your case, please provide documentary evidence to support the ground/s of appeal selected (if applicable).

STUDENT DECLARATION

I declare that the information provided in this application is accurate and that I have read and understand the information about the appeals process presented in this form.

Student signature: _____ Date (dd/mm/yr): _____

LEVEL TWO (2) DECISION OUTCOME - OFFICE USE ONLY

Appeal Upheld Yes No

Reasons for Decision:

Manager, Education Development Signature: _____ Date (dd/mm/yr): _____

SECTION F: LEVEL THREE (3) APPEAL - The student escalates appeal following the outcome of the level two appeal.

Please tick the appeal ground(s)

- the existence of new relevant material of a significant nature;
- there was a misapplication of the procedure resulting in some real disadvantage to the student or eligible person that was the subject of the decision;
- the decision was manifestly wrong or excessive;
- there was a bias or a conflict of interest on the part of the original decision-maker(s)

To establish your case, please provide documentary evidence to support the ground/s of appeal selected (if applicable).

STUDENT DECLARATION

I declare that the information provided in this application is accurate and that I have read and understand the information about the appeals process presented in this form.

Student signature: _____ Date (dd/mm/yr): _____

LEVEL THREE (3) DECISION OUTCOME - OFFICE USE ONLY

Appeal Upheld Yes No

Reasons for Decision:

Chair of Academic Appeal Committee

Signature: _____ Date (dd/mm/yr): _____