



## VCE Appeal Form

Student's Name:	
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You may add further information on any item on the back of this form. Submit the completed form to the VCE Coordinator. Details of the decision for which reconsideration by the Appeals Committee is requested.

Nature of original request:	
Decision which was made:	
Decision made by:	
Date of decision:	/ /

Reasons for appeal: (Why do you think the wrong decision was made?)

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Do you wish to talk to the Appeals Committee personally about this Appeal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there further information on the back of this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed by Student:		/ /
Signed VCE Coordinator:		/ /

Result of appeal:

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Signed by Principal:		/ /
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