

ABN: 52 619 783 309
E: admissions@ashley.nsw.edu.au
W: www.ashley.nsw.edu.au
Level 2, 16-22 Wentworth Avenue
Surry Hills NSW 2010
T: 02 9994 0882

Internal Appeal Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

	Student Name:	Phone:				
	Student Number:	Email:				
	Course Name:	Date:				
	Address:					
I hereby appeal to Ashley English Language Institute against their:						
☐ Decision to not approve my Deferment, Suspension of Studies or Cancellation request						
☐ Decision to not approve my Request to Transfer Providers						
☐ Intention to report me to Department of Home Affairs for Unsatisfactory Attendance						
☐ Intention to report me to Department of Home Affairs for Unsatisfactory Course Progress						
☐ Intention to report me to Department of Home Affairs for Misconduct						
☐ Intention to report me to Department of Home Affairs for Non-payment of Fees						
☐ Decision relating to an Academic Result						
☐ Other (Please specify)						
Grounds for Appeal (Please indicate on which ground/s you wish to appeal)						
☐ New evidence, being evidence not reasonably available to AELI at the time of the original decision; and/or						
☐ Procedural irregularity						
☐ Other (Compassionate or Compelling Circumstances)						



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Summary of your grounds for appeal (Please attach additional sheets if required along with all supporting documentation)					
Please note: You must appeal within 20 working days from the date of AELI's decision. During this time and while the appeal is being considered, you must attend all classes.					
Student Declaration: The above information provided by me is accurate, true and correct.					
Student Signature:					
Date:					



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Office use only								
Application Received By	Name:	Signature:	Date:					
Application	APPROVED	REJECTED						
Action Taken By	Name:	Signature:	Date:					
Comments:								