



Student Declaration

- *I declare that all of the information provide is true and correct to the best of my knowledge.
- *I take full responsibility for this decision and understand that ATQ COLLEGE will inform DIBP via PRISMS If I do not comply with student visa requirements.
- *I am willing to attend a hearing with the Academic Managers/General Manager of ATQ College if required.

Student Signature _____ Date _____

OFFICE USE ONLY

The information provided on this form will be used exclusively to resolve your appeal/complaint. None of the information you provide on this form will be disclosed to anyone outside of this business without your permission, unless we are required to do so by law.

Receiving Staff Member:		Date of Submission:	
Position:		Complaint / Appeal lodged via	Email / Mail / In person
Issue(s) discussed with:		Date of discussion:	
Appeal outcome:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	Confirmed by:	
Confirmed date:		Signature:	
Proposed actions identified in staff meeting:			
Reason for unsuccessful outcome (if applicable):			
Student's response to proposed actions & outcome:	<input type="checkbox"/> Accepts and agrees (File copy in student's folder and VASTO) <input type="checkbox"/> Disagrees, student remains unhappy (Contact student to assist student to access services of Overseas Student Ombudsman)		
I confirm all required action(s) are completed:			
Staff Name:			
Signature:			
Completion Date:			