

ISP Appeals Form

ISP Complaints and Appeals

- This form should be used to appeal a formal decision, such as:
 - the outcome of a formal complaint
 - a decision to issue a Notice of Intention to Expel and Report for Non-Payment of Fees
 - a decision to issue a Notice of Intention to Report and Defer, Suspend or Cancel an international student's enrolment due to misbehaviour
 - a decision to issue a Notice of Intention to Report and Defer, Suspend or Cancel an international student's enrolment due to unsatisfactory course progress or attendance
 - a decision to deny a request for deferral
 - a decision to deny a request for a school transfer
 - a decision relating to a refund request
 - a decision relating to any matter under section 33(3) or 34(2) of Ministerial Order 819 - Fees for Overseas Students in Government Schools (Ministerial Order 819).
- This form should be read in conjunction with the [International Student Program \(ISP\) Complaints and Appeals Policy](#).
- The [ISP Complaints and Appeals Process Guide](#) provides an overview of the steps that international students, parents, legal guardians or agents can take to deal with complaints and appeals relating to the ISP, and can be found under *Brochures and Forms* at www.study.vic.gov.au.
- Please contact DET (IED) via the contact details below if you have any questions about the [ISP Complaints and Appeals Policy](#), the guide or this form.

How to complete this form

- Please ensure that you carefully check this form and provide all necessary information.
- This form must be completed in English.
- This form is an editable pdf form so you can complete it on your computer, save it and then print it to sign and scan.
- The completed form, and any relevant supporting documentation, should be submitted to isfinance@edumail.vic.gov.au.

Information management

- Information provided in this form will comply with the [ISP Record Keeping Procedural Guidelines](#), which incorporate appropriate data and records management legislative requirements such as *Privacy and Data Protection Act 2014 (Vic)* and *Public Records Act 1973 (Vic)*.

Definitions

- **DET** – Department of Education and Training
- **DET (IED)** – Department of Education and Training (International Education Division)
- **IED** – International Education Division
- **ISP** – International Student Program

International Education Division

Department of Education and Training

Level 28, 80 Collins St, Tel: +61 3 7022 1000
Melbourne, Fax: +61 3 9637 2184
Victoria 3000 Email: international@edumail.vic.gov.au

www.study.vic.gov.au

Appellant Details

1	Appellant First Name	<input type="text"/>
2	Appellant Last Name	<input type="text"/>
3	Relationship to student/s	<input type="text"/>
4	Residential Address	<input type="text"/>
5	Telephone number/s	<input type="text"/>
6	Email/s	<input type="text"/>

Student Details

Please provide the student/s details below.

7	Student 1 – ID	Student 1 - Full Name	Year Level
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
8	Date of Birth	School	
	<input type="text"/>	<input type="text"/>	
9	Student 2 – ID	Student 2 - Full Name	Year Level
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
10	Date of Birth	School	
	<input type="text"/>	<input type="text"/>	
11	Student 3 – ID	Student 3 - Full Name	Year Level
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
12	Date of Birth	School	
	<input type="text"/>	<input type="text"/>	

Additional Support

Please advise us if you require a translator to assist with any phone calls that may take place.

13	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	Language	<input type="text"/>	
15	Dialect	<input type="text"/>	

Appeal Details

Please explain why you believe that IED has made an error in the original complaint outcome or formal decision below. Attach extra pages, if required. Please also ensure that you attach copies of any relevant supporting documents.

Appeal Outcome

Please outline what outcome you are seeking below. Attach extra pages, if required. Please note, stating your desired outcome here does not guarantee that it will be granted, even if your appeal is successful.

Appellant's signature

Signature:

Date: