



Appeals Lodgement Form

Oxford Creative Academy

Date:	Client Group:
Title:	Enquiry Type:
Name:	Nature of Appeal:
Preferred contact method:	Module Details:
Email:	Course and Unit:
Contact Phone:	
Postal Code:	

Please Enter Details:

Have you discussed this with our assessor?:

How would you like to see this matter resolved?

Please enter details:

I have read and understood the Oxford Creative Academy's Complaints and Appeals Policy and I declare that the appellant may be contacted in an attempt to resolve the issue. I agree that Oxford Creative Academy may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter.

Signature: