

SRM No:

 Appeal against cancellation of Scholarship

1. **Personal Details**

**Name**

Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**Contact**

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNE Student Number**

**2. Appeal details**

Please submit the completed form and supporting documentation via email to scholarships@une.edu.au

The information and attached documentation supports my application to appeal the decision to cancel my scholarship. This information is a true and accurate record of the circumstances leading to my appeal.

Signature: Date: / /

**3. Student Declaration**

**Scholarship Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please supply documentation to support your appeal application. Eg:

* Letter outlining your appeal
* Doctor’s certificate
* Statutory Declaration
* Accident report
* Incident report