



# Student External Appeals Form

## Office Use only

Received By:		Received Date:	
Date of External appeal convened			
External Body Involved			
The College of Business Management's Staff members who participated the appeals meeting	Staff Name:	Position:	
	Staff Name:	Position:	
Date of External appeal's report received			
Action to be taken as a result of the External appeals' decision or feedback (Filled by Manager Student administration)	Signature:		Date:
Remarks of CEO			
	Signature	Date:	
Actions by the College			

Is the outcome communicated back to the student?  Yes  No  
 (If this a complaint, mention about the student rights to appeal against the decision and attaché the internal appeal's form together with the outcome and send to the student)

Initial: \_\_\_\_\_ Date: \_\_\_\_\_