

Mercury Colleges

Sydney CBD Campus: Level 1,2,5&7, 245 Castlereagh Street, Sydney NSW 2000 Email: info@mercurycolleges.nsw.edu.au Tel: +61 2 8211 1128 CRICOS Provider Number: 00172B | National Provider Number: 0872

COMPLAINTS & APPEALS FORM

Student Name:				
Student I.D.:				
Student Date of Birth:				
List course(s) you are enrolled in				
ARE YOU MAKING A COMPLAINT OR APPEAL:	COMPLAINT	APPEAL		
Give details and attach relevant documents, e.g. medical certificates, air tickets, a death certificate.				
What are to a second and a second are to a second and a second are to a second	was that was big on this assemble in the constant of the const			
What outcomes do you expect as a result of making this complaint/appeal? Do you have any suggestions for resolving this complaint/appeal?				

AUTHORISATIC	N		
Please tick the relevant box	es and sign below.		
YES NO	Colleges info	hat I have atter ormal Complaints g this official Compla	
I authorise Mercur	y Colleges to proceed with	າ an investigation of	my:
	CO	MPLAINT	APPEAL
	Student signature		Date
Level 1, 245 Castlere	bmitted either in person to the Sagh St, Sydney NSW 2000, or NAPPEALS process is available to	via email to sso@mercu	rycolleges.edu.au.
Mercury Colle	ges		
RESULT OF APPL	ICATION: AP	PPROVED	NOT APPROVED
	Signature Academic Manager		 Date
Refer to (Optional)	Counsellor		
COUNSELLOR			
Comment:			

-