



FINAL APPLICATION FOR LEARNER APPEALS

Name of person appealing:
Student number:
Student ID number:
Contact details: Tel (H)
 Tel (W)
 Cell
 E-mail
Course:
Subject:

Which committee or sub-committee made the decision you are appealing?
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Date of the decision:
Name of person chairing the original meeting:

Provide supporting documentation as deemed appropriate.

Details of the appeal:
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