



## 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: .....

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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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