Unitec Form Last updated: Sept 2019



Academic Complaint

YOUR DETAILS Family Name: _____Student ID No#: _____ First Name(s): ______ Course Name: _____Course Code: _____ Name of academic staff member/s: ______ Postal Address: _____ Phone (daytime):______Mobile Phone: _____ Email Address: The best way for us to contact you in relation to this Academic Complaint: Email (Check email address is current in your student portal). Phone **Academic Complaint What is your Academic Complaint about?** (please tick relevant box)

The outcome of an Academic decision on:

If your complaint is not included here, refer to the Student Complaint policy

Final Grade	
Affected Performance Consideration (APC)	
Award of a Qualification	
Enrolment in or admission to a Programme or Course	
Progression in a Programme	
Insufficient demonstration of clinical competence leading to failure of a course	
Exclusion from any course work or assessment	

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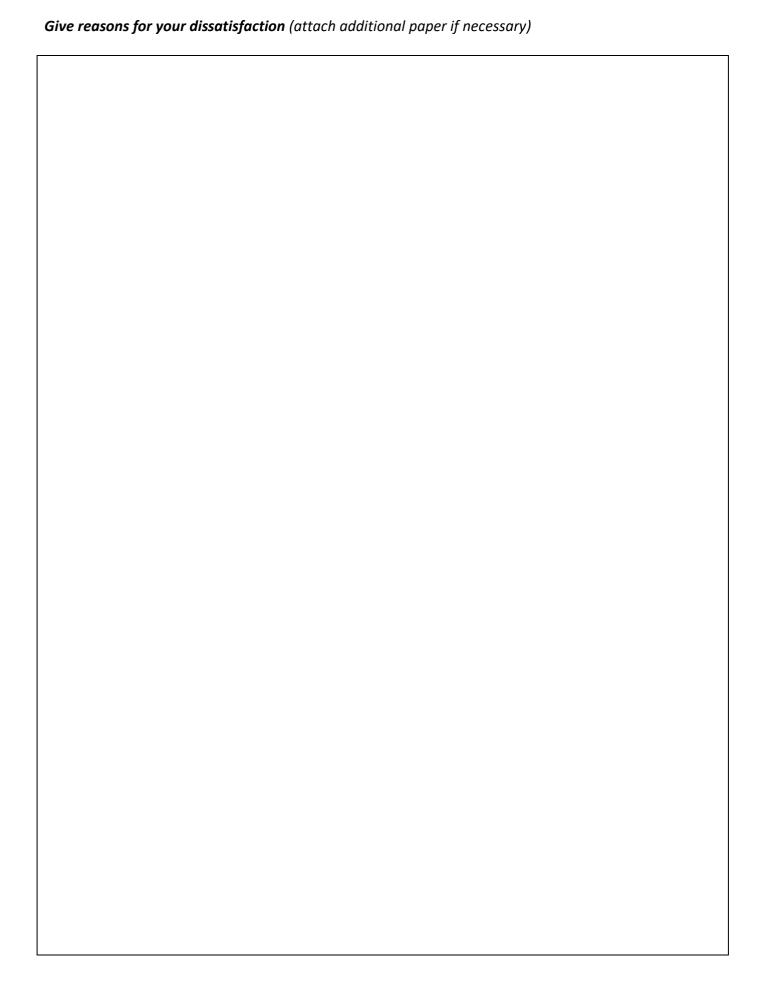
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Explain what you have already done to resolve this issue. List names and dates of everyone you have spoken with about this matter. Attach evidence such as: appointments with Student Support or

screenshots of emails with lecturers and academic staff.

Date	Names of staff	Notes on discussion	Outcome
	members		

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Supporting Evidence	ng Evidence	upportin	Sι
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Please attach copies of any documents that might help us investigate your Academic Complaint, or tell us how any documents or evidence can be obtained

THE OUTCOME(S)
What would you like to see as an outcome of this academic complaint?
VERIFICATION
VERIFICATION
I confirm that I have completed this form, or have overseen the completion of the form, and that the contents are true and correct to the best of my knowledge.
Signature of student:
Date:
Please email this form to: resolutions@unitec.ac.nz

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