

### Section 1. Instruction

- 1.1 This form is to be used by prospective and current SITCM students when making appeal against a decision of previous Credit for Prior Learning (Advanced Standing) application.
- 1.2 Complete all relevant sections on this form using a black or blue pen. To make a successful appeal, you must detail your grounds that the previous decision is inconsistent with the Credit for Prior Learning (Advanced Standing) policy and provide any documentation that supports your statements.
- 1.3 This form must be lodged within ten working days of the student receiving written notification of the decision and late submission will not be accepted.
- 1.4 Where documentary evidence is required, you must either send JP certified copies with the application or bring in originals and photocopies for certification by SITCM staff. Documentary evidence may include:
- Official Academic Transcript/Records and an explanation of grades;
  - Course completion Certificates/Testamurs;
  - Official unit outlines detailing level of study, topics covered, duration of the course, contact hours, methods and duration of assessment, textbooks used for each course studied previously and completed.
- Your appeal may not be accepted if your documentary evidence is insufficient.
- 1.5 Return the completed form and supplementary documents to Sydney Institute of Traditional Chinese Medicine by post to PO Box K623 Haymarket 2000, or in person at Level 5, 545 Kent Street, Sydney 2000.

### Section 2. Personal Detail

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy) \_\_\_\_\_ Gender:  Male  Female

**Mailing Address:** \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (Home): \_\_\_\_\_ Tel (Mobile): \_\_\_\_\_

Email: \_\_\_\_\_

Course title: \_\_\_\_\_

### Section 3. Details of Previous CPL Application

SITCM unit(s) for which you were not approved for Credit and need to Appeal		
No.	Code	Title
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

<b>Units Previously Studied</b> (*Please list out the units by matching in relate to the numbers and units above)				
No.	Code	Title	Institution and Country	Year of Completion
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

<b>Work Experience</b>				
Name of Employer:				
Location:				
Duration:			Position:	
Description of relevant Duties:				
Explanation of relevance to units in the SITCM course you are seeking credit in:				
You may attach any of the following documents (if applicable) to support your application. Your application may be delayed or credit denied if your documentary evidence is insufficient.				
Personal Statement	Position Description	Letter from Employer	Current CV	Professional development certificate



## Section 5. Additional Documentations Provided for this Appeal

No.	
1	
2	
3	
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10	

## Section 6. Applicant's Declaration and Signature

I declare that I have read the information on this application form and that the information I have provided is complete and correct.

I understand that the information I have provided will remain private and confidential, and may only be used for Government Statistical purposes only.

I understand that I have the right to access and amend personal information that Sydney Institute of Traditional Chinese Medicine holds about me, subject to legislation, by contacting the administration office at [administration@sitcm.edu.au](mailto:administration@sitcm.edu.au).

I authorise SITCM to obtain further information with respect to my application and, if necessary, seek confirmation of information provided by me.

I acknowledge that Sydney Institute of Traditional Chinese Medicine reserves the right to vary or reverse any decision regarding credit granted on the basis of incorrect, incomplete or fraudulent information.

I agree to abide by the regulations and policies of Sydney Institute of Traditional Chinese Medicine.

Signed: \_\_\_\_\_

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

**Section 7. Office Use Only**

**Administration officer use:**

Name of staff processing application:

\_\_\_\_\_

Application checked?  Yes  No

Date received: \_\_\_\_\_

Number of attachments: \_\_\_\_\_

Date sent out for approval: \_\_\_\_\_

Sent to: \_\_\_\_\_

Due back: \_\_\_\_\_

Date sent results letter to student: \_\_\_\_\_

Student returned signed letter?  Yes  No

Revised course completion date: \_\_\_\_\_

*For international students:* \_\_\_\_\_

*New/amended eCOE required?*  Yes  No

*International Student staff advised of new course end date?*  Yes  No

Date logged: \_\_\_\_\_

Date filed: \_\_\_\_\_

**Teaching and Learning Committee use:**

Review date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by Chair: \_\_\_\_\_

**Dean Use**

Name of the Dean:

Date received:

Comments:

Date sent back to admin staff: