



## CONTACT/DISTANCE APPEAL REQUEST FORM

Campus: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Account Payer/Company name: \_\_\_\_\_ Contact  Distance

Qualification registered for: \_\_\_\_\_

Qualification Start Date: \_\_\_\_\_

Date of cancellation request: \_\_\_\_\_

Date of Appeal request: \_\_\_\_\_

Full contract amount: \_\_\_\_\_

Contract amount "Method A": \_\_\_\_\_

Cancellation Outcome: \_\_\_\_\_

Reason for appeal request:

Academic  Financial  Medical  Administrative  Other

\_\_\_\_\_  
\_\_\_\_\_

Campus Head Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Campus Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure the following documents are available:

- Copy of Registration Contract
- Copy of latest statement of account
- An appeals letter from Student/Fee Payer with supporting documentation
- Copy of Cancellation request form and motivational letter
- Copy of attendance record (where applicable)