



Academic Complaint

YOUR DETAILS

Family Name: _____ Student ID No#: _____

First Name(s): _____ Preferred Name: _____

Course Name: _____ Course Code: _____

Programme of study: _____

Name of academic staff member/s involved in this complaint: _____

Postal Address: _____

Phone (daytime): _____ Mobile Phone: _____

Email Address: _____

How would you like to be contacted in relation to this Academic Complaint:

(check your email address is correct in your student portal)

Email Phone

Please tick any of the boxes below which apply to you:

International Māori Pacific Under 25

Provide the following details about your appointment with a Student Support Advisor in relation to this complaint:

Advisor's name: _____ Date: _____ Time: _____

Academic Complaint

What is your Academic Complaint about?

(please tick relevant box)

If your complaint is not included here, check the Student Complaint policy instead

The outcome of an Academic decision on:

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	

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.

<i>Date</i>	<i>Names of staff members</i>	<i>Notes on discussion (include details of conversations)</i>	<i>Outcome</i>

Give reasons for your dissatisfaction

Supporting Evidence

Please attach copies of any documents that might help us investigate your Academic Complaint

THE OUTCOME(S)

What would you like to see as an outcome of this academic complaint?

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. I understand that any persons mentioned in this form will be informed of the nature of the complaint.

Signature of student: _____

Date: _____

Please email this form to: resolutions@unitec.ac.nz