## **Beginners Language Course**

### **Application for Review of Eligibility Determination**

This form need only be completed if the student believes that the principal's determination has not been made in accordance with the course eligibility criteria, and the student is seeking a review of the determination by the principal.

#### PART A: TO BE COMPLETED BY THE STUDENT

Applicant details:	
Student Number:	
Student Name:	
Language:	
Home school deta	ails:
School Name:	
Contact Person:	
Phone Number:	
Principal:	
Teaching school	details (if different from home school)
School Name:	
Contact Person:	
Phone Number:	
Principal:	

### **Section 1: Student statement**

Please provide an additional statement in support of your eligibility determination.	application for a review of your
eligibility determination.	
Section 2: Additional documentation (optional)	
If you wish to provide any additional documentation in sup of your eligibility determination, please list the additional d	
Student's Name:	
Student's Name:	
Student's Signature	Date: / /

#### PART B: TO BE COMPLETED BY THE PRINCIPAL

#### Section 3: Principal's review and determination

In reviewing the determination of a student's eligibility to enter a Stage 6 Language course, the principal is required to consider:

- the student's original Application for Eligibility Determination
- any additional documentation submitted with the original Application
- the additional statement made and any documentation that the student may have provided with the student's *Application for Review of Eligibility Determination*.

Determination:						
(student's name)	is	□ eligible □ ineligible	to commence the			
(name of course)	cours	e in(calendar year)				
School / Institute:						
Principal's Name:						
Principal's Signature:			Date:	/	/	

# **Beginners Language Course**

## Appeal to NESA against Principal's Eligibility Determination

This form need only be completed if the student wishes to appeal to NESA against the principal's determination.

PART A: TO BE COMPLETED BY THE STUDENT						
1						
(student name) (student number)						
wish to appeal to NESA against the principal's determination that I am ineligible to						
undertake the	Beginners language course.					
Student's Signature:	Date:/					
PART B: TO BE COMPLETED BY THE PRINCIP	AL					
I acknowledge the student's appeal to NESA against the determination I made that the student is ineligible to undertake the above Beginners language course. I will send all the relevant documentation that was considered in making the determination.						
Principal's Name:						
Principal's Signature:	Date:/					