



# Advocacy Assistance Form

<b>Advocacy Officer (if known)</b>		<b>Date</b>	/ /
--	--	-------------	-----

Student Details			
-----------------	--	--	--

<b>First Name</b>			
<b>Last Name</b>			
<b>Date of Birth</b>	/ /	<b>Student Number</b>	
<b>Phone</b>			
<b>Student Email</b>			
<b>Alternative Email</b>			
<b>Address</b>			
<b>Preferred Method of Communication</b>	<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Face to Face <input type="checkbox"/> Skype		

<b>Campus</b>	<b>International Student</b>	<b>Sponsored Student</b>
<input type="checkbox"/> Toowoomba <input type="checkbox"/> Ipswich <input type="checkbox"/> Springfield <input type="checkbox"/> Distance Education <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Visa Expiry Date: _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Sponsor Details: _____ _____

<b>How did you hear about us?</b>	<input type="checkbox"/> Notice containing Advocacy Office details <input type="checkbox"/> Recommended by USQ staff <input type="checkbox"/> Recommended by other student <input type="checkbox"/> Website – USQ Student Guild <input type="checkbox"/> Website – University of Southern Queensland <input type="checkbox"/> Facebook/Other Social Media <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Face to Face

\_\_\_\_\_  
Student Signature



\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date



Program Details		
<b>Study Level</b>	<b>Faculty/School of Study</b>	<b>Program or Course Code:</b>
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Research <input type="checkbox"/> Non-Award	<input type="checkbox"/> BELA (Business, Education, Language and Arts) <input type="checkbox"/> HES (Health, Engineering and Sciences) <input type="checkbox"/> OAC (Open Access College)	<hr/> <hr/> <hr/>

Assistance Details	
<b>Courses Involved</b>	
<b>Semester</b>	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Semester 3    Year: _____
<b>Lecture/USQ Staff Member involved</b>	
<b>Area of Assistance</b>	<input type="checkbox"/> Appeals (Final Grades / Exclusion / Academic Integrity) <input type="checkbox"/> Academic Integrity (including Misconduct) <input type="checkbox"/> Enrolment / Assessment / Conceded Pass / University Regulation <input type="checkbox"/> WWP / Special Consideration or Similar <input type="checkbox"/> Grievance with University / Faculty / Department / Staff Member <input type="checkbox"/> Harassment <input type="checkbox"/> Other (Please Specify)
<b>Details of Case</b> Please try and keep details in chronological order	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

\_\_\_\_\_  
Student Signature



\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date



	<hr/> <hr/> <hr/>
<p><b>Have you attached copies of:</b> If you have not attached the Unofficial Academic Transcript and Photo ID, we will not be able to assist until you have provided those documents.</p>	<input type="checkbox"/> Unofficial Academic Transcript <input type="checkbox"/> Photo ID (Student Card, Driver's License, Passport etc.) <input type="checkbox"/> Other Supporting Documents (Email transcripts, screenshots, marked assignments, Turnitin Reports etc.)
<p><b>Representation Required</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Privacy/Authority Statement</b></p>	<p>I authorise and give my permission to the USQ Student Guild Advocacy Office to act on my behalf, as my representative. I authorise the USQ Student Guild Advocacy Office to make enquiries on my behalf in relation to all matters with respect to my student affairs and records as held in my name or as identified by my Student Number.</p> <p>I hereby appoint the USQ Student Guild Advocacy Office as my Student Advocate (as defined in the University of Southern Queensland's Policy and Procedure Library [Record No 15/1862PL] <a href="http://policy.usq.edu.au/documents/151862PL">http://policy.usq.edu.au/documents/151862PL</a>) in accordance with the University of Southern Queensland Policies and Procedures, namely Academic Appeal Procedure, Non-Academic Appeals Procedure, Student General Misconduct Procedure and the University Appeal Procedure. I further hereby authorise and permit the USQ Student Guild Advocacy Office to send and receive, access, share (with the relevant involved parties) and hold my personal and private information as a Student of the University of Southern Queensland.</p> <p>This Authorisation shall be considered valid until such time that the matters I have sought assistance from the USQ Student Guild Advocacy Office from have concluded or until such time that I revoke my authority in writing. I agree and confirm that any and all acts carried out by the USQ Student Guild Advocacy Office on my behalf, in relation to this matter, shall be considered as having the same effect as if I was to have undertaken the particular act or actions myself.</p> <p>I confirm that I have read and understood this Privacy/Authority statement.  <input type="checkbox"/> <b>Yes, I agree</b>    <input type="checkbox"/> <b>No, I do not agree</b></p>

\_\_\_\_\_  
Student Signature



\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date