



UFORM013 Assessment Appeals Request Form Rev 1

Students appealing an assessment result must complete Section A and Section B only.

A: Details of the appellant			
Contact information			
Student Name		Student ID	
E-mail Address		Phone Number	
Programme		Stage	
Attempt at resolution – provide details			
Have you attempted to resolve your difficulties through the Programme Manager	Yes	No	
Please give details of what steps you have taken to resolve your difficulties			
Support to Appeal			
If called, would you wish to present your case in person to the Assessment Appeals Committee?	Yes	No	
If called, would you wish to be accompanied by a member of the College community?	Yes	No	
IF YES, please state name:			
List any witnesses from the College community you may wish to Committee to call in support of your appeal.			



C: Appeal Administration		
Received by Academic Director		
Date received by Academic Director	Date	
Supporting documentation included		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic Director accepts the appeal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of Academic Director		Date:
Appeals Board		
Date of Appeals Board Decision	Date	
Decision of Appeals Board		
Name of Appeals Board Chair		
Signature of Appeals Board Chair		