

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					
The contract of the provide details					
	1,00	T.,	T x .		
Have you attempted t	to resolve your difficulties	Yes	No		
through the Program	me Manager	ta masalus varim diffia	ultion		
Please give details of what steps you have taken to resolve your difficulties					
Support to Appeal					
	vish to present your case	Yes	No		
in person to the Asse	ssment Appeals				
Committee?					
	vish to be accompanied	Yes	No		
by a member of the C	,				
IF YES, please state na	ame:	: L + C	20 1 11 2		
List any witnesses from the College community you may wish to Committee to call in					
support of your appeal.					



B: Details of your appeal				
Grounds for appeal				
Please indicate which one of the only two grounds upon which your appeal is made:				
Procedural irregularity: Substantive irregularity in the conduct of the				
assessment process, or where the Academic Regulations have not been				
properly implemented.				
There were extenuating circumstances of which the Exam Board was aware but				
had rejected because the application was late and the Exam Board did not				
consider the reason why the application was late to be valid, or a prior				
circumstance emerged of which the Exam Board was not aware.				
Please give details of why you consider you have grounds for an appeal.				
Additional information and documentation				
Please provide any additional information, and list any items attached to this appeal				
form, such as a medical certificate or other supporting documents.	eai			
Torm, such as a medical certificate of other supporting documents.				
Outcome sought				
What outcome do you seek because of submitting your appeal?				
Declaration				
I have read the Assessment Appeals Policy, and I wish to submit my appeal on the				
grounds indicated above.				
Appellant's signature Date				



C: Appeal Administration					
Received by Academic Director					
Date received by Academic Director	Date				
Supporting documentation included	□Yes	□No			
Academic Director accepts the appeal	□Yes	□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					