

ACADEMIC APPEAL FORM



Use this form if you believe you have grounds for appealing against a decision made by a Board of Examiners, or other academic body responsible for decisions on student progression, assessment or award

SECTION 1: STUDENT DETAILS	
Title:	Forename:
Surname:	Student ID:
Address:	Telephone:
	Email:
Date/...../.....	
Academic decision you are appealing against.....	
Course termination	lower award
progress decision	Other (please specify)
Course name :	
Course start date:/...../.....	

SECTION 2: APPEAL DETAILS

Use the relevant box(es) below to explain in full the grounds on which your appeal is based:

- Describe in detail the circumstances you wish to raise
- Identify the specific examinations/assessments affected and explain how they were affected
- Be specific about the dates of the circumstances upon which your claim is based
- Include documentary evidence to support your claim, where appropriate

Failure to do so may result in your appeal not being considered.

Detailed description of your claim (Please attach all supporting evidence)

Sign:

Print name :

Date:/...../.....