**Assessment Appeal Form**

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

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| A: Details of appellant |
| Contact information |
| **Student Name** | Full name | **Student ID** | ID number |
| **E-mail Address** | Contact email address | **Phone Number** | Phone number |
| **School** | Choose an item. | **Department** | Department if appropriate |
| **Programme** | Name of programme. | **Stage** | Choose an item. |
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| Attempt at resolution |
| Have you attempted to resolve your difficulties through your Head of Department? | Yes/No |
| Please give details of what steps you have taken to resolve your difficulties through your Head of Department. |
| Click here to enter text. |
| 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: | Name of College community member. |
| List any **witnesses** from the College community you may wish to Committee to call in support of your appeal. |
| Name of witness. |
| Name of witness. |
| Name of witness. |
| Name of witness. |

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| 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. |
| Click here to enter text. |
| Additional information and documentation |
| Please provide any additional information, and list any items attached to this appeal form, such as a medical certificate. |
| Click here to enter text. |
| Outcome sought |
| What outcome do you seek as a result of submitting your appeal? |
| Click here to enter text. |

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| Declaration |
| I have read the Assessment Appeals Policy, and I wish to submit my appeal on the grounds indicated above. |
| **Appellant’s signature** |  | **Date** | Select date |

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| C: Appeal administration |
| Received by Academic Affairs |
| **Date received by Assessment Appeals Officer** | Select a date. |
| **Supporting documentation included** | Yes/No |
| **Head of Academic Affairs accepts the appeal** | Yes/No |
| **Signature of Head of Academic Affairs** |  | **Date** | Select a date. |
| Assessment Appeals Committee |
| **Date of Assessment Appeals Committee** | Select a date. |
| Decision of the Assessment Appeals Committee |
| Click here to enter text. |

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| **Name of Assessment Appeals Committee Chairperson** | Name of Chairperson |
| **Signature of Assessment Appeals Committee Chairperson** |  |