

## Assessment Appeal Form

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

A: Details of appellant			
Contact information			
Student Name		Student ID	
E-mail Address		Phone Number	
School		Department	
Programme		Stage	
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.			
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.			

**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.  | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

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.

**Outcome sought**

What outcome do you seek as a result of submitting your appeal?

**Declaration**

I have read the Assessment Appeals Policy, and I wish to submit my appeal on the grounds indicated above.

<b>Appellant's signature</b>		<b>Date</b>	
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**C: Appeal administration**

**Received by Academic Affairs**

<b>Date received by Assessment Appeals Officer</b>	.....	
<b>Supporting documentation included</b>	Yes	No
<b>Head of Academic Affairs accepts the appeal.</b>	Yes	No
<b>Signature of Head of Academic Affairs</b>		<b>Date</b>

**Assessment Appeals Committee**

**Date of Assessment Appeals Committee** .....

**Decision of the Assessment Appeals Committee**

<b>Name of Assessment Appeals Committee Chairperson</b>	.....
<b>Signature of Assessment Appeals Committee Chairperson</b>	.....