APPEALS FORM

Section A – Your personal details		
Full Name		
Registration Number		
Address		
E Mail		
Contact telephone number		
Section B – Your prog	gramme details	
Place of work		
Qualification your		
appeal refers to		
Start date		
Name of Tutor / Assessor		
Section C – What do your concerns relate to?		
Tick all boxes that apply		
Coursework / portfolio of evidence completed		
You were required to withdraw from your programme		

You are unhappy with work stated as plagiarised	
Correct assessment procedure not followed that undermined the validity of the result	
The information we gave you about your assessment was inadequate or inaccurate	
The teaching provided was inadequate	
Prejudice or appearance of prejudice on the part of the Tutor / Assessor	
Your performance was affected by circumstances that were not taken into account or considered	
Significant changes to your programme that weren't communicated to you	
The learning support was inadequate	
The Tutor / Assessor has not used the standards to make their decision	
You disagree with their decision	
Any other aspect of your programme	
On what date were you informed about the decision against w	hich you are appealing?
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How were you informed? Who informed you? What is your appeal?	which you are appealing?

Section D - Declaration		
I confirm that the information given on this form and any supporting documentation is true to the		
best of my knowledge and belief.		
Print Name		
Signature		
Date		