appeal form

Before completing this form you should read the Appeals Policy and Appeals Procedure. For impartial advice please contact the FXU Students’ Union.

Appeals must be submitted within **twenty (20) working days** of the outcome of the Assessment Board, Academic Misconduct Panel, Academic Disciplinary Committee or other decision-making body.

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| 1. Your details |

Full name:

………………………………………………………………….

Student number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Course title:

………………………………………………………………….

Year of study:

[ ]  [ ]   [ ]  [ ]

 1 2 3 PG

Preferred contact email address: …………………………………………………………

*We will send all communications relating to your appeal to your university email address unless otherwise specified.*

Preferred postal address: ………………………………………………………………….

*Upon completion of the appeal you will receive a Completion of Procedures letter to the above address.*

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| 2. Grounds for appeal |

Appeals can only be made on the following grounds. Please tick to indicate on which grounds you wish to lodge your appeal:

[ ]  a) That there has been a material error or irregularity in reaching an academic or other decision.

[ ]  b) That your performance was adversely affected by illness or other factors which you were unable or, for valid reasons, unwilling to divulge before the decision concerned was reached.

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| 3. Details of appeal |

Please explain in full the grounds on which your appeal is based, including:

* Details of the circumstances you wish to be considered
* Specific modules/assessments and how they were affected
* Specific dates of circumstances

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| *Please enter text here. Box will expand as you type.* |

Please list the supporting evidence attached to your appeal. If you are unable to provide evidence please state why:

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| --- |
| *Please enter text here. Box will expand as you type.* |

Please describe the request you would like to make/desired outcome of the appeal:

|  |
| --- |
| *Please enter text here. Box will expand as you type.* |

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| **4. Declaration** |

Please tick to confirm the following:

[ ]  I have read the Appeals Policy and Procedure

[ ]  I have included all relevant information to support my appeal

[ ]  I have made a copy of all documentation and supporting information for my records

[ ]  I authorise those involved in the process to have access to relevant information required to make a decision, and I permit access to sensitive information (for example, a file held by the Student Support Services) as necessary for the investigation into and consideration of my complaint

Signature: …………………………………………………………. Date: ……………………

Please return this form by email together with scans of your supporting evidence to QAE@falmouth.ac.uk.

Alternatively you can print this form and send it along with your supporting evidence to Quality Assurance & Enhancement, Falmouth University, Falmouth Campus, Woodlane, TR11 4RH.