review request form

Please complete this form if you would like to request a review of the procedure undertaken at Step 2 of an appeal or complaint.

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

Review requests must be submitted within **ten (10) working days** of the Step 2 outcome of the appeal or complaint.

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| 1. Your details |

Full name:

………………………………………………………………….

Student number:

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

Course title:

………………………………………………………………….

Year of study:

1 2 3 PG

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| 2. Grounds for requesting a review |

Please confirm whether you are requesting a review of an appeal or complaint:

Appeal

Complaint

Review requests can only be made on the following grounds. Please tick to indicate on which grounds you wish to request a review:

a material error or irregularity in the conduct of Step 2 of the Appeals/Complaints Procedure

where material new evidence has become available since the commencement of Step 2, which you were unable, for valid grounds to provide earlier in the process

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| 3. Details of review request |

Please explain in full the grounds on which your review request is based. If the grounds are material new evidence has become available, please state why you were unable to provide the evidence earlier in the process:

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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 review request:

|  |
| --- |
| *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/Complaints Policy and Procedure

I have included all relevant information to support my review request

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 Services) as necessary for the investigation into and consideration of my review request

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

Please print this form and send it along with your supporting evidence to Quality Assurance & Enhancement, Falmouth University, Falmouth Campus, Woodlane, TR11 4RH, or email it together with scans of your supporting evidence to QAE@falmouth.ac.uk