

## General Appeals Application Form

### Request for the Review of a Decision Application Form - Guidance

- The information provided within this form will be used to decide whether your request for a review of a decision made on behalf of the College should be considered further.
- No letter of appeal is required – this Application Form should provide all the information in relation to your request for a review.
- Forms can be submitted via email, posted or hand delivered (please see last page for details)
- If submitting by email please ensure that you attach any documentary evidence.
- If you are submitting this form in paper format please clearly label and attach any documentary evidence on separate sheet (s)
- Where photocopies of documents are submitted you may be asked to provide sight of the original documents in order to verify their authenticity
- You should complete all relevant sections as any omissions may result in a delay with your application being processed.

#### 1. Personal Details

|  |  |
|--|--|
| <b>Name:</b><br>Please provide in full   |  |
| <b>Date of Birth:</b>  |  |
| <b>Student Number:</b><br>(if relevant, as detailed on your student card)          |  |
| Address for Correspondence:  |  |
| <b>Telephone Number:</b><br>(Please provide the best number we can contact you on) |  |
| <b>Email address:</b>  |  |

#### 2. Course Information (if you are a student)

|   |  |
|---|--|
| <b>Programme of Study:</b><br>(e.g. FD Applied Computing) |  |
| <b>Year of Study:</b><br>(e.g. year 1)                    |  |
| <b>Mode of Study:</b><br>(full-time or part-time)         |  |

#### 3. Appeal Information

Please detail which decision wishing to appeal against: *(please tick box(es) as appropriate)*

Admissions

Bursary

Other – please detail

#### 4. Your Preferred Outcome

Please indicate below what outcome you would like to see as a result of this application. *(e.g. do you want a bursary decision to be overruled?)*



**5. Support and Advice**

If you have sought advice from the Students' Union or a Guidance Officer, could you please state the name of the person who provided you with support and advice with this application.

Do you give the College permission to discuss your case with the above person? (please tick the appropriate box)

Yes

No

**6. Grounds for Appeal**

Please outline the grounds under which you feel that the decision needs to be reconsidered (e.g. if your bursary has been cancelled due to not being up-to-date with your work and yet you have evidence that proves all work was submitted)

It is important that you provide as much information as possible.

What evidence have you attached to support this?

**7. Declaration**

I declare that the information provided on this form and accompanying documentation is correct to the best of my knowledge.

I give consent that information contained in my application can be disclosed to those parties involved in my case. I also understand that anonymised data from this application will be used for statistical reports of the College and all information provided in this form and accompanying documentation will be used in compliance with the Data Protection Act 1998. I confirm that I have read the Academic Appeals Regulations.

Signed:

Date:

**Checklist**

Before returning this form we advise that you have checked the following:

- You have read and understood the General Appeals Regulations
- You have completed all relevant sections on the Application Form
- You have clearly described the ground(s) under which you are applying
- You have clearly labelled any accompanying sheets
- You have included all relevant documentary evidence to support your application (Please note that any evidence submitted late will only be accepted in exceptional circumstances)
- You have signed the Application Form (if submitting this electronically)

**Please submit this form to:**

HE Registrar Co-Ordinator  
Higher Education Development Office  
University Centre  
Leeds  
LS3 1AA