

APPEAL FORM

Application for an appeal against the decision of a Disciplinary, Fitness to Study or Fitness to Practice case outcome

This form should be used if you wish to appeal against the decision of a Disciplinary, Fitness to Study, or Fitness to Practice case outcome.

Please use this form also if you are a student from a structural or collaborative partner and would like to appeal against an institutional case outcome in these areas.

Before completing this form, you should read the appeal section in either the Student Disciplinary Policy (non-academic misconduct), the Fitness to Study Policy, or the Fitness to Practice Policy. Before submitting an appeal, please ensure that the grounds for appeal are met.

You are reminded that the Students' Union can be approached at any time for advice and support on any issue.

This form should be typed, or completed in black ink, and sent to the Office of the Associate Pro Vice Chancellor (Student Experience), to be received no later than 15 clear working days of the date of the letter notifying of the decision of the panel.

The Office of the Associate Pro Vice Chancellor (Student Experience) shall acknowledge receipt of your appeal normally within 5 clear working days. If you do not receive an acknowledgement within 5 clear working days, you should contact the Office of the Associate Pro Vice Chancellor (Student Experience) to ensure that your appeal was actually received.

All communications relating to this appeal during its process must be in writing and either emailed or posted to:	
<p><u>(for email)</u></p> <p>Email: secases@uwtsd.ac.uk Subject: Appeal</p>	<p><u>(for post)</u></p> <p>Office of the Associate Pro Vice Chancellor (Student Experience) Carmarthen campus University of Wales Trinity Saint David Carmarthen SA31 3EP</p>

The University will acknowledge receipt of your appeal and provide you with any updates and an outcome by email; therefore it is important that you check your University and personal email accounts regularly.

SECTION A: Student Details

Student Name:			
Student Number:			
Contact Address:			
Contact Telephone Number:			
E-mail address:			
Programme of Study:			
Level of study:			
Mode of study:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Distance Learning
Faculty/School/Centre (as relevant):			
Structural Partner (as relevant)			
Collaborative Partner (as relevant)			
Campus:			

SECTION B: Details of appeal

<p>What was the decision of the Panel as noted in your outcome letter</p> <p><small>(this box will expand as you type or you may attach additional sheets)</small></p>
<p>Which part of this decision do you wish to appeal?</p> <p><small>(this box will expand as you type or you may attach additional sheets)</small></p>
<p>Indicate the grounds on which you are appealing (tick the relevant box(es) and complete the relevant section of the form):</p>
<p><input type="checkbox"/> Irregularities in the conduct of the procedure which are of such a nature as to cause reasonable doubt whether the same decision would have been reached had they not occurred.</p>
<p><input type="checkbox"/> The existence of relevant evidence and there are compelling reasons why this evidence was not provided earlier in the procedure.</p>

The outcome is not reasonable given the circumstances of the case.

Section 1

Please outline the nature of the irregularities in the conduct of the procedure and how such irregularities might, in your opinion, have affected the decision of the panel.

(this box will expand as you type or you may attach additional sheets)

Section 2

Please provide details of the relevant evidence and explain the compelling reasons why this evidence was not provided earlier in the procedure (you may need to support your explanation with independent evidence).

(this box will expand as you type or you may attach additional sheets)

Section 3

Please explain why you consider that the outcome is not reasonable given the circumstances of the case (mere dissatisfaction with the outcome will not be deemed a sufficient reason for an appeal).

(this box will expand as you type or you may attach additional sheets)

Supporting evidence: List and describe the documentation which you have attached in support of your statement (Please note that the University will NOT seek evidence on your behalf – it is your responsibility to do this).

(Please do not state that “xxx is available if needed” - If you list documentary evidence to support this appeal you are required to submit it or provide a date by which you will submit it).

(this box will expand as you type or you may attach additional sheets)

NOTE – APPEALS RECEIVED MORE THAN 15 CLEAR WORKING DAYS AFTER OFFICIAL NOTIFICATION OF THE DECISION BEING APPEALED WILL NOT NORMALLY BE CONSIDERED. THE OFFICE OF THE ASSOCIATE PRO VICE CHANCELLOR (STUDENT EXPERIENCE) MAY DISALLOW ANY APPEAL THAT IS INCOMPLETE, LACKS EVIDENCE OR DOES NOT PRESENT A CLEAR CASE FOR APPEAL.

The information which I have provided is correct and complete to the best of my knowledge. I give my consent for this information to be disclosed to the relevant officers of the University who are responsible for considering academic appeals. **Submitting false documentation or fraudulent information is a serious matter and could be dealt with under the Disciplinary Procedures or the Unfair Practice Procedures. The University reserves the right to check on the validity of any document(s) you submit or statements you make in this appeal.**

Signature of Student:

Date:

Please tick this box if you wish a copy of your appeal to be forwarded to the Students' Union.

Note: The Students' Union can provide advice and support at any time during the process of the consideration of your appeal.