Academic Appeal Form

This form should be completed in full and emailed with accompanying evidence to [studentsupport@collegalpractice.com](mailto:studentsupport@collegalpractice.com), no later than 10 working days after the formal notification of results. Forms submitted after this date without good reason may be rejected by the College.

For assistance in completing the form, or understanding the appeals process, please contact the Student Services Manager at [studentsupport@collegalpractice.com](mailto:studentsupport@collegalpractice.com) or by phone 020 3884 4112.

# Your Information

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|  |  |
| Your full name |  |
| COLPASS ID |  |
| Programme |  |
| Contact Email |  |
| Contact Telephone |  |

# Appeal Information

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| Module(s) the appeal relates to |  |
| Ground(s) for appeal (select up to three) | That a procedural irregularity or administrative error has occurred in the assessment process which, if it had not occurred, would mean that the decision in question would have been different.  That performance was affected by factors which the student was unable, or for valid reasons unwilling, to disclose before the decision was made.  That there is evidence of prejudice or bias on the part of the decision-maker(s), which if it had not occurred would mean that the decision in question would have been different. |
| Please outline why you feel the ground(s) above have been met | *In this statement, you should clearly state why you feel the grounds have been met.*  *You should also outline what evidence will accompany your appeal, e.g. a doctor’s note, crime reference number, screenshots etc.*  *If you are waiting for evidence to be sent by a third party, e.g. waiting for a doctor’s note, do not delay sending in your appeal. Instead, note what evidence you plan to submit, and when it will be delivered.* |
| Please outline your desired outcome if your appeal is upheld | *For example, an additional resubmission opportunity, an uncapped resubmission attempt, removal of a late penalty etc.* |

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| I confirm that the information above is true and accurate.  I understand that frivolous and/or vexatious claims will be rejected by the College. | |
| Signed |  |
| Date |  |