

UNIVERSITY OF STRATHCLYDE

APPEAL TO THE FACULTY BOARD OF STUDY

Please read the Personal Circumstances & Academic Appeals Procedure before completing this form. You are also strongly advised to consult your Academic Counsellor and/or the University of Strathclyde Students' Association at <https://www.strathunion.com/advice/>

This form must be used by students who wish to make an appeal to their Faculty Appeals Committee. The form is available online at <http://www.strath.ac.uk/staff/policies/academic/> and can be downloaded for electronic completion. Should you wish to complete the form by hand, it must be written legibly in dark ink on white paper.

- **Completed forms, together with supporting evidence, should be returned to the appropriate Faculty Office by the deadline stated on your results letter.**
- **Failure to submit your appeal by the deadline may result in your appeal being dismissed unless there are compelling reasons why it could not be submitted within the published timescales and you explain these in full at the time of submission.**
- **Appeals received twelve months or more after the date of the relevant Examination Board will not be considered.**
- **An appeals committee will not re-mark work, change any mark awarded or pass comment on the marks given.**

Name:	
Correspondence Address:*	
Email:*	Phone:*
Registration Number:	Year of Study:
Degree Programme:	
Progress decision or award (that you wish to appeal against):	

***You need only provide contact details above where these differ from your Pegasus record.**

Grounds for Appeal (please tick as appropriate and then complete the corresponding section(s) below)

- medical, personal or other circumstances which affected a student's performance of which the examiners were unaware at the time of the assessment. (complete Section 1 below)
- procedural irregularities in the assessment process (including alleged administrative error which could have led the Board of Examiners to reach a different conclusion to that which they might have reached had the error not been made); (complete Section 2 below)
- inadequate assessment, prejudice or bias on the part of the examiners. (complete Section 3 below)

Please note that ALL appellants must complete Section 4 and sign and date the form. Failure to do so may cause consideration of your appeal to be delayed.

Section 1

If you are appealing on the grounds of medical, personal or other circumstances please give details. **NB.** If you are appealing on these grounds and do not complete parts a and b your appeal will not be considered.

Part a		
Did you submit a Personal Circumstances Form to Student Business at the time of the class/assessment/exam?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Part b		
If you did not submit Personal Circumstances at the time, please state why this could not be submitted and attach supporting evidence.		
Part c		
Please give details of the circumstances you wish to be considered and how these affected you. Please attach supporting evidence.		

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Section 2

If you are appealing on the grounds of procedural irregularities in the assessment process please give details. **NB** Examinations held on the same or consecutive days does not constitute a breach of procedure.

Part a
Please give details of the alleged procedural irregularities and which procedure/part of procedure you believe has been breached.
Part b
Please explain how this affected your performance in the assessment concerned.

Section 3

If you are appealing on the grounds of inadequate assessment, prejudice or bias on the part of the examiners please give details.

Part a
Please explain in what way you consider the assessment to have been inadequate and how this disadvantaged you.

Part b

Please explain who you believe to have been biased or prejudiced (e.g. Internal Examiner, External Examiner, Examination Board) and what reason you have to believe this. **NB** Receiving a lower mark than you had hoped is not, in itself, an indication of bias or prejudice.

Section 4

ALL appellants must complete this section:

Please list the evidence being submitted to support your appeal (medical certificate, or other corroboration from an independent person who knew of your difficulties, preferably at the time the difficulties arose): **NB** Evidence should be impartial. Character references will not be considered as evidence. Lack of sound, impartial evidence will weaken your appeal.

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Please provide any other information relevant to your appeal.

NB If you have not met the published deadline please explain here what prevented you from doing so and attach supporting evidence. (An appeal submitted after the deadline will not be heard unless there are **compelling** reasons why it could not be submitted by the deadline and you explain these in full here.)

Please indicate the outcome you are seeking:

PLEASE SIGN AND DATE THIS FORM

I confirm that the information provided above is true to the best of my knowledge

Signed: _____ Date: _____

Section 5

Verifying Evidence

Please Note: this section must be signed at either A) or B) and returned with your Appeal or, if the signature cannot be scanned and the Appeal form is submitted electronically, separately in hard copy.

In some circumstances, the University may require to contact relevant third parties in order to confirm the authenticity of evidence of evidence (including evidence related to mental/physical health issues) i.e. GPs/counsellors quoted as having provided the evidence etc. The University will **not** request further details from these third parties only that they confirm the evidence was provided by them.

If you have supplied supporting evidence please read the following statement carefully and sign below:

A) YES

I hereby give my permission for the University of Strathclyde to verify any evidence

(including mental/physical health reports/certificates etc) that I have supplied in relation to this appeal.

I understand that verifying evidence may involve the University contacting third party individuals/organisations cited as the source of the evidence. This may include health professionals and/or counsellors regarding physical or mental health issues where such evidence has been submitted.

Name: _____ Registration No: _____

Signature: _____

B) NO.

I do not consent to the University verifying evidence I have provided

Name: _____ Registration No: _____

Signature: _____

NB - the University will not attempt to verify evidence if you do not provide consent. However, please be advised that this may result in any such evidence not being taken into account as part of your appeal.

Knowingly providing false information or falsifying evidence will be considered fraudulent and the University may take legal or disciplinary action.