NAME:

STUDENT NUMBER:

PROGRAMME OF STUDY:

EMAIL ADDRESS:

POSTAL ADDRESS:

(If this address is different from your Student Record on the Portal please update your account, otherwise correspondence may be sent to the wrong address.)

Appeals will only be considered on the following grounds:

A candidate is in possession of a medical certificate or evidence relevant to his/her appeal which was not available to the Division or Board of Examiners when its decision was reached and can provide good reasons for not having made the Board of Examiners aware of this evidence previously. Retrospective or back-dated medical certificate/evidence will not be accepted.

A decision was procedurally incorrect ie decisions that relate to a student’s entitlement to undertake further assessment, to progress to another stage of the academic programme or to a programme leading to different qualification, or to remain registered as a student of the University.

Please give full details of the circumstances relevant to the ground(s) of the appeal. Please make sure you give dates, and full details of all assessments affected. If you have any medical or any other supporting evidence, this should be attached. **Medical evidence must: i) cover the time period when your performance was affected ii) be an original document.** Photocopies or scanned documents **will not be accepted**. Back-dated or retrospective medical certificates **will not be accepted.**

If the ground of the appeal is a claim about circumstances which were not known at the time the Board of Examiners met, please explain why you had not informed your Division before.

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*(This box will expand as you type in it. Please try to keep your appeal to within 2 sides of A4. Supporting evidence can be attached as additional pages.)*

Check list of relevant documentation

Medical evidence enclosed yes no

Supporting evidence enclosed yes no

Any other relevant documentation enclosed yes no

If ‘yes’, please specify (you may use an additional sheet if required):

**Please list any additional documents you are including to support your appeal**

If any evidence is a language other than English it must have an official translation.

Signature........................................................................... Date............................................

Once you have filled in the boxes above and completed the checklist please print off the document, sign the form and return it to:

Academic Registrar

c/o Student Appeals, Room 4B30

University of Stirling

Cottrell Building

Stirling

FK9 4LA

Alternatively you can e-mail the completed form and attachments to appeals@stir.ac.uk

In order to help us monitor how we progress our appeals it would help if you could supply the following information. Providing this information will not affect the progress of your appeal and will only be used for internal monitoring purposes.

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| **MONITORING** |
| **Undergraduate****Taught Postgraduate****Research Postgraduate** | **Year of Study (UG only ie 1st, 2nd , 3rd, 4th)** | **GENDER (M/F)** | **DISABILITY (Y/N)** | **Do you pay home or overseas student fees? enter H or OV** |
|  |  |  |  |  |