**UHI Argyll**

**Further Education Academic Appeal Form**

* This is the formal FE Academic Appeals form and this should be used in conjunction with the [Further Education Academic Appeals Policy and Procedure](https://www.argyll.uhi.ac.uk/t4-media/one-web/argyll/students/student-policies/FE-AcademicAppeals-Policy-and-Procedure---2022-25.pdf) . This form should be used if you have been unable to resolve your academic appeal informally with your lecturer or student advisor.
* This form should be submitted within **10 working days** of the date of the formal communication that notified you of your results or the decision against which you are appealing.
* Please include any supporting documentary evidence appropriate to the academic appeal.
* Appeals should be submitted to ACQualityAssurance@uhi.ac.uk

**Your Contact Details**

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| **Name:** |  |
| **Student Number:** |  |  |  |  |  |  |  |  |  |
| **Programme of study/Course:** |  |
| **Contact address:** |  |
| **\*Email address:** |  |
| **Contact telephone no:**  |  |

**\*Please note that, where possible, email communication will be used to correspond with you during the appeals process.**

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| **1. I wish to appeal against the following academic decision:** |
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| **2. I base my appeal on the following grounds:** **Please note that an appeal will normally only be considered on one of more of the following grounds: (full details are outlined in** [**section 4 of the FE Academic Appeal Policy**](https://www.argyll.uhi.ac.uk/t4-media/one-web/argyll/students/student-policies/FE-AcademicAppeals-Policy-and-Procedure---2022-25.pdf)**)*** **My performance in the assessment was adversely affected by illness or other factors.**
* **There is evidence of college academic assessment administrative error or an assessment was not conducted in accordance with the college’s specific assessment policies/procedure.**
* **That some other material irregularity has occurred.**
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| **3. I have suffered the following disadvantage as a consequence of the academic decision indicated in Section 1 above:** (if this applies to you) |
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| **4. I am submitting the documentary evidence listed below to support my appeal:***(where appropriate include any additional Statement of Appeal and any evidence of medical or personal circumstances)* |
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| **Signed:** |  | **Date:** |  |