



APPEAL FORM

Student Name: _____ **ID** _____

Please give a summary of the issue that you are appealing (e.g. Assessment methods were unfair or inaccurate or discriminatory, where appropriate include the relevant College Staff Member's name, date and location of issue. Please attach a separate sheet of paper is required).

Please give a summary of why you believe there are grounds for appeal

(Signature of student)

(Date)