****

**ACADEMIC APPEAL FORM (Stage 1)**

**IMPORTANT NOTES**

**Definition of an appeal:** an appeal isa request for a review of an Assessment Board decision. You must therefore enclose with this form a copy of the Assessment Board’s decision letter which has prompted your appeal. Appeals must be submitted **within 20 working days** of the Assessment Board.

Please make sure you have read and understood the Appeal procedures for self-validated provision before completing this form. Information about the procedure can be found on Moodle. You are encouraged to seek advice from the Registry, Students’ Union or your Programme Leader if anything about the appeal regulations is unclear to you.

If you do not complete all sections 1 to 5, we will not be able to process your appeal. If there is not enough room on the form, continue on an additional sheet, making sure it includes your name. **Please note:** you should include original documentation where possible. If you are not able to provide documentation at the time of submission mention this in your appeal statement with reasons.

**1. YOUR DETAILS (Please use BLOCK LETTERS)**

**Full name:** …………………………… **Student Registration number:** …………..…...…

**Programme:** ………………………… **Year of study:** …………..………............

**Telephone number:** ………………… **Email**: ……………………………….........................

**Address for correspondence:** …………………………………………………………………………………

…………………………………………………………………………………

…………………………………………………………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. REASON FOR APPEAL**

An appeal may only be made on one, or both, of the following grounds (tick as appropriate):

1. That there was a material error, either in the conduct of the assessment itself, or in the proceedings of the Assessment Board, which substantially affected the Assessment Board’s decision;

2. That you were subject to mitigating circumstances at the time of the assessment, which were unforeseen and outside your control, **and** which were unknown to the Assessment Board; could not have been made known before now for a demonstrated, valid and over-riding reason; and resulted in a significantly impaired performance. [*It is important that each aspect of Ground 2 is addressed in the details of appeal]*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. DETAILS OF APPEAL**

*Explain the key points of your appeal below, explaining the “Reason for Appeal” you have ticked (above). You may continue on a separate sheet, but please note that additional statements longer than one side of A4 may lead to delays in processing. Remember to enclose all supporting documentation necessary to support your appeal statement.*

**4. PREFERRED OUTCOME**

*Please state below what action or outcome you are seeking. Refer to the Appeal procedure for the possible outcomes of a successful appeal - note that this cannot include the alteration of marks.*

**5. DECLARATION**

I confirm that I have read and understood the Academic Appeal Procedures, and that the information I have given is true and accurate to the best of my knowledge.

 I have enclosed a copy of my transcript, the Assessment Board decision letter and all other relevant documents in support of my appeal [unless otherwise noted in my appeal statement]

 I have indicated which grounds my appeal is based on in Section 2 of this form

 I have explained the key points of my appeal, and addressed all requirements as set out in section 2 of this form

Signature: ………………………………………. Date: ………………….

**Send the completed form and enclosures to:**

**The Appeals Officer, Registry**

**Trinity Laban Conservatoire of Music and Dace**

**King Charles Court, Old Royal Naval College, Greenwich,**

**London SE10 9JF**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY -** this section must be signed by two authorised members of staff.

**Action:**

 **Refused**

Reasons (also to be provided to the student):

 **Immediate rectifying action taken**

Reasons (also to be provided to the student):

 **Referred to Mitigating Circumstances Panel**

 **Referred to** **Appeals Panel**

 **Resubmission requested within 10 working days**

Additional information required

Signature: Signature:

Name: Name:

Position: Position:

**OFFICE CHECKLIST**

* Two signatures required - keep original on file
* Send response to student, with reasons as recorded, where appropriate
* Add details to School’s record of appeals