|  |  |
| --- | --- |
| Appeal form |  |

**Important:** before completing this form, you should read in full the University [appeals policy and procedure](https://www.yorksj.ac.uk/students/concerns-and-complaints/appeal-an-assessment-decision/).

# Part A

## Personal details

|  |  |
| --- | --- |
| **Student name:** |  |
| **Student number:** |  |
| **School:** |  |
| **Full programme title:** |  |
| **Are you an International Student Visa Holder (formerly known as a Tier 4 visa)? \*** | Choose an item. |
| **Level of programme (3 / 4 / 5 / 6 / 7 / 8):** |  |
| **Email address (used for correspondence):** |  |
| **Telephone:** |  |

\* If you hold an International Student Visa Holder (formerly known as a Tier 4 visa), your immigration status will be affected by an examiners’ decision that you must withdraw from your programme. If you are appealing this decision, you are advised to inform the University’s Visa Office at [*visa@yorksj.ac.uk*](mailto:visa@yorksj.ac.uk).

## Details of the appeal

|  |  |
| --- | --- |
| **Decision type:** | Choose an item. |
| **Date when decision was published:** | Click here to enter a date. |

|  |
| --- |
| **If your appeal concerns an assessment, please state the module title, module code and assessment number:** |
|  |

|  |
| --- |
| Your appeal must be submitted **within 10 working days** of the decision you are appealing against. Late appeals will only be considered in exceptional circumstances, if there is a valid reason and evidence. *If you believe these apply, please explain below.* |
|  |

|  |  |
| --- | --- |
| **Reason for appeal:** | Choose an item. |

You cannot appeal against the academic judgementof the examiners. This is a decision where the opinion of an academic expert is needed, for example, the academic merit of an assessment. You do not have the right to demand any remarking of an assessment.

|  |
| --- |
| Please outline below the **remedy you are seeking**.  *Please note, where an appeal is upheld, the University will offer what it deems to be an appropriate remedy. The remedy must be in line with the University regulations.* |
|  |
| **If you are relying on exceptional circumstances**, please say whether you used the exceptional circumstances procedure to seek an extension at the time of the assessment. If you did not use this procedure, you must provide a good reason for failing to do so. If you did use the procedure, you must explain why you believe the University did not correctly follow its exceptional circumstances procedure. |
|  |

|  |
| --- |
| Please make a **full statement of your appeal** below. Be as specific as possible, referring to dates, times, individuals and decisions where appropriate. It will usually not be possible to introduce additional information at a later stage of the appeal. |
|  |

|  |
| --- |
| List the **supporting evidence** you are providing with your appeal (e.g. medical certificates*).* It will usually not be possible to introduce additional information at a later stage of the appeal. |
|  |

|  |  |
| --- | --- |
| I certify that the information I have given in this appeal is correct to the best of my knowledge and I give my consent for the information to be disclosed to those parties involved in the investigation and judgement of the appeal, to be disclosed as necessary to progress the appeal or process the outcome, or as required by law. | |
| **Signed:** |  |
| **Dated:** | Click here to enter a date. |

|  |  |
| --- | --- |
| **Please submit this appeal using one of the following methods:** | |
| **By email:** | * Send as an attachment to [casework@yorksj.ac.uk](mailto:casework@yorksj.ac.uk) * Supporting documentary evidence may be attached or sent under separate cover |
| **By post or in person:** | * Send your completed form and any additional documentation in a sealed envelope to:   Student Casework  University Secretary’s Office  York St John University  Lord Mayor’s Walk  York  YO31 7EX |

York St John University is committed to equality of opportunity and an inclusive environment for all students irrespective of their age, disability, gender reassignment, pregnancy or maternity, race, ethnic origin or national identity, religion or belief, sex, or sexual orientation. Please note that we collect this information in order to monitor whether we are meeting our equality and inclusivity commitments. It does not affect the outcome of your appeal.

|  |  |
| --- | --- |
|  | If you believe that discrimination on any of these grounds is relevant to this appeal, please tick this box and provide details below: |
|  | |

|  |
| --- |
| If you have a disability that requires reasonable adjustments to accommodate your needs during the appeal process, please provide details below. |
|  |

# Part B – Staff use only

## School response to appeal form

This response will initially be used by a panel of the Appeals and Conduct Committee (ACC) when deciding whether a student should:

1. Be offered a remedy without further recourse to the ACC
2. Have their appeal heard by the ACC
3. Have their appeal dismissed as on the face of it there is no case to answer
4. Have their appeal dismissed as there is no valid remedy open to the ACC

The information provided in this response will form part of the appeal record and may be further considered by the ACC, the Vice-Chancellor and external bodies such as the Office of the Independent Adjudicator on Higher Education.

More information can be found in the Appeals Policy in [the Code of Practice for Assessment](https://www.yorksj.ac.uk/policies-and-documents/code-of-practice-for-assessment/#the-code-of-practice-for-assessment-(by-section)).

|  |
| --- |
| **Does the School support this appeal? Please give reasons:** |
|  |

|  |
| --- |
| **Please supply a deadline for resits if applicable:** |
| Click here to enter a date.**12 noon** |

|  |
| --- |
| **If there is an equality issue (e.g. student with a disability), please say how the School has minimised any disadvantage and met any specific needs, in line with the Equality Act:** |
|  |

|  |  |
| --- | --- |
| **Name of staff member submitting response:** |  |
| **Dated:** | Click here to enter a date. |

|  |
| --- |
| **Please list any other School members you would like to be copied into the response (e.g. Head of School, Programme Lead, Administrator):** |
|  |