

Academic Appeal Form - Faculty Level Appeal

1. Student details (to be completed by or on behalf of the person making this academic appeal).

Family name/Surname: _____

Forename(s): _____

Term-time address or address to which you wish replies to be sent: _____

Programme: _____ Level: _____

Telephone No: _____ Student Registration No: _____

Email: _____

2. Details of your academic appeal

Please note that you may only base an appeal on the grounds set out in Section G of the academic appeal procedure. This can be viewed online at <https://docushare.sunderland.ac.uk/docushare/dsweb/View/Collection-2784>

A. Unconsidered extenuating circumstances

1. Please state why this was not submitted to extenuating circumstances panel.

2. Please give reason(s) why you did not think that the University's Fit to Sit policy applies to your case.

See section 2.2 of the Extenuating Circumstances Policy at <https://docushare.sunderland.ac.uk/docushare/dsweb/View/Collection-8445>

2. Please supply supporting material evidence. included

B. Material procedural irregularity on the part of the University

1. Please state the regulation or process which you believe to have been incorrectly applied.

i). Name of policy or procedure e.g. Undergraduate Regulations

ii). The specific section or regulation e.g. Regulation 4.2.1

*Note:

a) If you are claiming **unconsidered extenuating circumstances** you MUST:

i) Enclose copies of any documentation relating to extenuating circumstances e.g. doctor's notes.

ii) Give valid reason as to why this was not presented to the relevant assessment board at the time of assessment.

If you do not present exceptional justification for not having submitted extenuating circumstances through the standard process you do not have grounds for appeal.

b) If claiming **material procedural irregularity** on the part of the University, direct reference must be made to the regulation or process which was incorrectly carried out. (If this information is not supplied, it may lead to a delay in processing your request).

3. Details of your Appeal

Please give any information relating to any discussions you have had with staff members after the publication of your results. Please include copies of any correspondence. If you have not discussed your appeal with any staff member, please leave this section blank.

Date of discussion: _____ With whom the discussion was held: _____

Please provide details of the discussion as well as the response:

4. Equal opportunities

Do you consider yourself disabled in any way? Yes No Male Female

Please tick the ethnic group which you feel describes your ethnic origin:

- | | | | |
|---|---|---|--------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black: Other | <input type="checkbox"/> Asian: Bangladeshi | Other <input type="checkbox"/> |
| <input type="checkbox"/> Black: Caribbean | <input type="checkbox"/> Asian: Indian | <input type="checkbox"/> Asian: Chinese | |
| <input type="checkbox"/> Black: African | <input type="checkbox"/> Asian: Pakistani | <input type="checkbox"/> Asian: Other | |

This information is useful for monitoring purposes. Any equal opportunities information you provide will be treated with anonymity and it will have no influence on the outcome of your appeal.

Signature: _____ Date: _____

For advice and guidance on completing this form, please contact The Gateway Enquiries Team

Please return your completed form to:

CITY CAMPUS

The Gateway Enquiries Desk
Gateway Building, City Campus
Chester Road, SR1 3SD

gateway@sunderland.ac.uk
0191 515 2222

Sir Tom Cowie Campus at St Peters

The Gateway Enquiries Desk
Prospect Building, St Peters Campus
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