

--

Please confirm the names of anyone who is known to have relevant information

--

Please state what outcome you wish your appeal to achieve

--

STUDENT DECLARATION

I declare that I have read the Academic and Regulatory Appeals Policy and that the information given on this form and documentary evidence attached, if any, is a true statement of the facts.

Name	
Signature	
Date	

FOR OFFICE USE ONLY

Date Received	
---------------	--