

## FORM A2

### APPEAL REVIEW FORM

- **Appeal Review constitutes a review and not a re-investigation of your appeal claim.** Please indicate your grounds and detailed reasons for the review of your appeal in the appropriate section of this form.
- Please ensure that you have read the Appeal Regulations before you complete this form:  
<https://www.uwl.ac.uk/about-us/policies-and-regulations>
- Advice on completion of the form can be obtained from the Students' Union, and we recommend that you contact them by email [uwl.su@uwl.ac.uk](mailto:uwl.su@uwl.ac.uk) or telephone 020 8231 2276.
- It is important to complete EACH section of this form and submit full supporting evidence where appropriate to avoid your appeal review being rejected.
- **If possible, please complete this form by typing in. If completing by hand, please make sure your handwriting is easy to read.** Once completed, please submit this form and relevant evidence to [university.secretary@uwl.ac.uk](mailto:university.secretary@uwl.ac.uk)

Student's Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Student's Name	
Student's Surname	
Student's ID Number	
Student's Personal Email	
Student's Phone Number	
Are you on Tier 4/Other visa?	<input type="checkbox"/> NO <input type="checkbox"/> YES-Tier 4 <input type="checkbox"/> YES-Other: please specify

School/College Name at UWL	
Course Title	
Type of Study	<input type="checkbox"/> Foundation <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other _____
Course Start Date (Month/Year)	
Course Enrolment Status	<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Course Completed

Course Leader's Full Name	
Admin Officer's Full Name	

<b>If you have sought advice from the UWL Students' Union, please complete this part of the form:</b>	
Name of your SU advisor:	
Do you consent to us sharing the outcome of your appeal with your SU advisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>Please indicate which Panel/Board's decision you initially appealed against (please tick):</b>	
<input type="checkbox"/> Mitigation Panel <input type="checkbox"/> Assessment Board <input type="checkbox"/> Academic Offences (AO) Panel <input type="checkbox"/> Disciplinary Panel	<input type="checkbox"/> Fitness to Practise (FTP) Panel <input type="checkbox"/> Fitness to Study (FTS) Panel <input type="checkbox"/> Course Withdrawal <input type="checkbox"/> Other (Please specify):
DATE of the Outcome letter from the above Panel/Board:	

DATE of the Appeal Form (A1) submission:	
DATE of the Appeal Outcome letter:	

<b>Please indicate the grounds on which you are requesting to Review your Appeal (please tick):</b>
<input type="checkbox"/> <b>Procedural Error</b> (Where the initial appeal process was not conducted in accordance with the Appeal Regulations, including administrative/clerical error, and bias in the operation of the procedure).

- ☐ **Extenuating Circumstances** (Where exceptional circumstances, e.g. illness, were not made known at the time of the original appeal procedure for a good reason, or were not properly taken into account).

#### REASONS FOR THE REQUEST TO REVIEW YOUR APPEAL

Please address the following A and B points:

##### A.

- If appealing on the grounds of **Procedural Error**, please indicate which Appeal procedures have been breached and provide evidence if appropriate;
- If appealing on the grounds of **Extenuating Circumstances with new evidence**, please provide details, evidence and reasons why this evidence was not available at the time of the initial appeal (A1).
- If appealing on the grounds of **Extenuating Circumstances not properly taken into account**, please indicate which findings/statements/actions detailed in the outcome letter of your initial appeal (A1) you disagree with and provide your full reasons why; include evidence where appropriate.

##### B. Please summarise why, in your opinion, your appeal should be upheld.

(If you are completing this form by hand and require more space, continue on a separate sheet of paper, which you must attach to this form)

**Please specify your desired outcome of this Review request:**

#### NEW SUPPORTING EVIDENCE:

- Please do not re-submit evidence/statements that were submitted with your original Appeal Form (A1).
- Where the grounds for the Review were Extenuating circumstances not made known during the initial Appeal (A1), please provide supporting evidence, e.g. medical certification (original document).
- Where relevant, new evidence must be submitted with this A2 form or within 5 working days after this form submission. No review will be considered without supporting documentary evidence.

Please list below the new evidence you are attaching to support your Appeal Review:

#### DECLARATION

- ☐ I confirm that I have read the guidance accompanying this form and the Appeals Regulations
- ☐ I confirm that the information I have given is true and accurate to the best of my knowledge. **I understand that any false information or deliberate omission will render invalid my appeal and any decision made by members of the Appeal Panel.**

#### Data Protection

- ☐ I understand and accept that personal data collected on this form will only be used for the purpose of student and course administration as required by the University and will be retained on my file. The University may use the information provided on this form to identify support or services which would be beneficial to me.
- ☐ I give the University permission to collect, hold and process my additional personal data for evaluation of my appeal.

Student's Signature	(Please type in your name if completing this form electronically)
Date	

#### EXPLANATORY NOTES :

##### 1. Timescales for Submitting a Request for the Review Appeal and Notification of the Outcome:

A request for the appeal review must be received within **15 working days** of the original Appeal outcome. This shall normally be the date given on the decision letter. The University Secretary may exercise discretion to consider and allow a late request where a student demonstrates a good reason for delay.

In all cases, the original Panel/Board's decision/outcome is final and not varied until and unless a successful appeal/review results in an alternative decision.

A student normally is notified of the outcome of their appeal review within 20 working days from the receipt of the review request and supporting evidence.

##### 2. Completion of Procedures

Review of an appeal completes the University's internal procedures for appeals.

##### 3. Further Information/Advice: Any enquiries should be addressed to [appeals@uwl.ac.uk](mailto:appeals@uwl.ac.uk)