

**Academic Appeals Form**

Before you complete this form, please ensure that you have first raised the matter informally at a local level with the appropriate Module Tutor / Course Team or School. Please also ensure that you have carefully read the [Academic Appeals Procedure](http://www.glos.ac.uk/governance/pages/appeals-and-complaints.aspx), and the [Academic Regulations for Taught Provision](http://www.glos.ac.uk/governance/pages/quality-standards.aspx).

If, after reading the Procedure and Regulations, you are certain that you have grounds for appeal and you have been unable to resolve it informally, **please complete and sign this form and return to:** **appealsandcomplaints@glos.ac.uk**

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| **SECTION A: STUDENT DETAILS** |

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| **Forename(s):** |  |
| **Surname (Family Name):**  |  |
| **University of Gloucestershire Student ID Number** *(e.g. s4100000):* |  |
| **Email Address[[1]](#footnote-1):** |  |
| **Course** *(e.g. BA History):* |  |
| **Partner Institution Name (if studying elsewhere)** *(e.g. IDM, Westford College etc):* |  |
| **Date of Board to which this appeal relates (e.g. July 2025)** *(see below)***:** |  |

As noted in the Academic Appeals Procedure, an academic appeal must be submitted within 20 working days of the appropriate Module Board of Examiners (MBEs) where the mark for the module/assessment was confirmed:

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| **MBE dates for the 2024/25 academic year** | **Last date for submission of an appeal** |
| Week commencing 07 October 2024 *(Postgraduate Taught only)* | **08 November 2024** |
| Week commencing 24 February 2025 | **28 March 2025** |
| Week commencing 23 June 2025 | **25 July 2025** |
| Week commencing 14 July 2025 *(Health &Social Care only)* | **15 August 2025** |
| Week commencing 25 August 2025 | **26 September 2025** |

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| **Students under Supportive Study Procedures (SSP):** |
| **If you are currently under Supportive Study Procedures (SSP),** and you wish for us to copy your SSP coordinator / mentor into correspondence sent to you regarding your appeal, for them to support you through the process, please provide us with the name of your SSP coordinator/mentor:  |
| **Students with disabilities or learning difficulties:** |
| If you have a disability and/or learning difficulty and you are registered with the University’s Disability, Support Team, are you happy for the team to be contacted to identify any reasonable adjustments that may be required? [ ]  Yes [ ]  No (If ‘yes’ proceed to Section B) |
| If you are not registered with the University’s Disability Support Team, or you do not wish us to contact the team, please provide details below of the reasonable adjustments you feel should be made to the appeals process so that these can be considered: |
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| **SECTION B: MODULE/ASSESSMENT RELATED TO THE APPEAL** |

**Please give the module code(s) and details of the assessment(s) related to the appeal**

(e.g. AC4004, 001 assignment)

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| **SECTION C: GROUNDS FOR APPEAL** |

**Please confirm your grounds for appeal by selecting the appropriate box(es) below:**

1. At the time of the assessment, there existed circumstances which adversely affected your performance and which you were unable to communicate to the Board of Examiners / Award and Progression Panel before it reached its decision. In making such a case, you must provide valid documentary evidence where appropriate. (Retrospective medical certification will not be accepted as valid)

[ ]  Yes [ ]  No

**2.** There has been an administrative error or procedural irregularity during the conduct of the relevant assessment, of such a significant nature, as to have materially affected the approved grade or mark awarded.

[ ]  Yes [ ]  No

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| **SECTION D: SUPPORTING STATEMENT** |

**Please give details on why you feel you meet the grounds for appeal and attach any relevant supporting evidence:**

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**Please indicate the remedy you are seeking as a resolution to your appeal:**

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| **SECTION E: DETAILS OF INFORMAL DISCUSSIONS** |

**Has this appeal been raised informally first with the appropriate Module Tutor / Course Team or School:**

**NO :** Prior to completing this form, please ensure that you have attempted to resolve the matter informally with the appropriate Module / Course Team or School at the University (and/or partner institution).

**YES :** If ‘Yes’, with whom was it discussed? :

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| **Name of staff member and role title:** |  |
| **Name of institution *(if not the University of Gloucestershire)*** |  |
| **Date discussed:** |  |

**What was the outcome and why do you remain dissatisfied?:**

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| **SECTION E: STUDENT DECLARATION** |

**By signing this form, I would like the University to consider my appeal, and I declare that:**

* I have read and understood the University’s Academic Appeals Procedure.
* I understand that the University will need to gather information about the matters raised in my appeal and that this information may include sensitive personal details which will be processed in accordance with Data Protection legislation and the [Student Privacy Notice](http://www.glos.ac.uk/docs/download/Privacy-notices/UoG-Student-Privacy-Notice.pdf).
* I understand that my appeal will be handled in confidence, but that in order to investigate the issues raised it may be necessary to disclose the content of my appeal to relevant staff.
* I understand that the University may need to exchange information about my appeal with external organisations such as the Office of the Independent Adjudicator (OIA), or the University’s insurers.
* If I have disclosed personal data relating to another person/s within my appeal, I have been given permission by them to do so.
* I confirm that what I have written on this form and any enclosures is truthful and relevant to my appeal.

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| **Signed *(Your Signature)*** | **Date** |

*Updated: July 2025*

1. *Please note that unless you state otherwise we will send the written outcome letter, and any other written correspondence relating to your appeal, to you via email to the email address you provide on this form.* [↑](#footnote-ref-1)