Stage 1 Formal Academic Appeal form

This form should be completed in accordance with the University’s General Examination and Assessment Regulations for Taught Courses (GEAR), or the BSMS Programme, Examination and Assessment Regulations (PEAR) or Postgraduate Taught Examination and Assessment Regulations (PGTEAR) for the Brighton and Sussex Medical School.

Please complete all sections of this form.

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| **1. Personal Details** |  |  |  |
| Student’s Name |  | Student Number |  |
| Course |  | Year / Stage of Study |  |
| Level of study (undergraduate / postgraduate) | UG / PGT | Mode of study  (full time / part time) | FT / PT |
| Course Leader |  | Course Administrator (if known) |  |
| School / College |  | Do you have a Learning Support Plan (LSP)? | Yes / No |

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| 2. Date of results notification (you have 21 calendar days from the receipt of your results, or the conclusion of a Results Review, to submit this form) | | |
| Date Examination Board results released: |  | Please include a copy of the full Examination Board results email with this form – the Academic Appeals Office need to see the information in the email header, and any attachments.  **Your appeal cannot be considered without this information** |
| Notification of results attached (letter/email) | Attached / forwarded to [academicappeals@brighton.ac.uk](mailto:academicappeals@brighton.ac.uk) |

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| 3. Results you wish to appealPlease include details of all modules or assessments which you wish to appeal. | |
| Module Code | Module Title |
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| 4. Basis for appealPlease state the significant administrative error or omission in the assessment process which you believe has occurred, and the detrimental effect on your outcome |
| **4.1 What was the significant administrative error or omission in the assessment process?** |
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| **4.2 How did this have a detrimental effect on your outcome?** (**Tell us how this has affected your progression or award)** |
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| 5. Do you wish the Students’ Union to be kept informed of the outcome of your appeal? |
| Yes / No |

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| 6. I confirm that the above information is accurate, to the best of my knowledge | | |
| Signed | Date |

Please note that the Academic Appeals Office will review your appeal and where it is a claim for Additional Consideration or a complaint, it will be redirected to the appropriate committee, panel or department, and you will informed by email.