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**Student Assessment Appeals Form**

**(SA1)**

Version Number: 1.0

**Document Information**

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| --- | --- |
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| Reviewed Date: | February 2023 |
| Owner: | Quality Unit |
| Approved by: | QEG |
| Equality Impact Assessment: |  |
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**Version History**

|  |  |  |  |
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| Version Number | Date | Author | Rationale |
| 1.0 | February 2022 | Quality |  |
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We are inclusive and diverse, and this is one of our values.

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# STUDENT ASSESSMENT APPEALS FORM (SA1)

|  |  |
| --- | --- |
| Student Name |  |
| Date of Appeal |  |
| Course/Class |  |
| Unit Title |  |
| Unit No. |  |
| Date of result |  |
| Lecturer/Assessor. |  |
| Curriculum Manager |  |

|  |
| --- |
| Please outline the reasons for your appeal. |

|  |
| --- |
| List the evidence you are providing to support this appeal. |

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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