ACADEMIC APPEAL PROFORMA

YOUR CONTACT DETAILS

Name:										
Student reference:										
Programme of study:			<u> </u>	l .						
Contact address:										
*Email address:										
Contact telephone no:										
*Please note that, where possible, email communication will be used to correspond with you during the appeals process.										
1. I wish to appeal against	the follo	wing aca	ademic d	ecision:						
2. I base my appeal on the	following	g ground	ds:							

3. I have suffered the following disadvantage as a consequence of the academic decision indicated in 1 above: (if this applies to you)
4. I am submitting the documentary evidence listed below to support my appeal:
[this may include any additional Statement of Appeal and any evidence of medical or personal circumstances, where appropriate]
Signed: Date:

This form should be submitted within three weeks of the date of the formal communication which informed you of the decision against which you are appealing (ie publication of your results whether by email or in paper form). Include any supporting documentary evidence appropriate to the academic appeal.

Appeals should be sent to a senior manager of the college or the programme leader, either by hard copy or by email.

This academic appeal form should be copied to: UHI Vice-Principal (Academic), University of the Highlands and Islands, Ness Walk, Inverness IV3 5SQ or by email to complaints@uhi.ac.uk.