



Academic Year		
Student:	Course/Programme:	
Assessor:	Internal Verifier/Quality Assurer/Moderator:	
Unit(s) Assessed:	Date of Assessment:	
Stage 1 Assessment Details		
Reason for Appeal (please include any su	pporting evidence)	
Student Signature		Date
Assessor/Programme Leader/Course Coord	dinator/ Exams Officer	Date
Stage 2		
Internal Verifier/Quality Assurer/Moderat	or Comments	
Action to be taken		

Internal Verifier/Quality Assurer/ Moderator Signature

Date





Date
Date
he Organisation and the consultation
Date
Date
Date
Date
Date
Date
Date





Signed by Vice Principal Curriculum and Quality

Date

Student Declaration

By signing this form, I would like the College to consider my Appeal and I declare that:

I have read and understand the College's Appeals Procedure (BAC-C-07).

I understand that the College 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 the General Data Protection Regulation (POL-DP-01) and the Student Privacy Notice).

I understand that the College may need to exchange information about my appeal with external organisations such as the Office of the Independent Adjudicator (OIA), or the College'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.

Group Appeals Only: I have been nominated by the group to act as a spokesperson on their behalf and understand that it is my responsibility to represent the views of the group and to act as the key contact in relation to the appeal. I attach authorisation form group members acknowledging their approval for me to act on their behalf.

Student signature

Date