# University College Dublin Admission Appeals form

## **Section 1: Applicant's Information**

Name:	
Address:	
UCD Student/ Application Id:	
Phone Number:	
Email:	
Course applied for:	
School/College/Unit with which you have queried decision?	

#### **Section 2: Appeal Details**

#### 2a Grounds for appeal

### Please tick the relevant ground(s) on which you are making this appeal

Incorrect process; specific evidence of irregularity in the University Applications assessment process	
Specified/stated grounds where the University's decision was based on misinterpretation of data or information provided as part of the application process	

#### **2b Supporting statement**

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(please provide details or documentation in support of your appeal based on the grounds you have indicated above)		
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All information provided in should any of the particula a material particular, action	tion and Authorisation  this appeal form is accurate, true and correct. I understand that rs furnished in this appeal form be found to be false or inaccurate in will be taken to withdraw my appeal and disciplinary action may be the Appeals Committee to verify the authenticity of any or all ation to this appeal.	
Name (block capitals):		
Signature:		
Date:		

Your appeal should be sent to the Director of Admissions, Tierney Building, UCD Belfield, Dublin 4 or scanned and attached to an admissions query at <a href="https://www.ucd.ie/askus">www.ucd.ie/askus</a>