University College Dublin Applicant Appeals form

Section 1: Applicant's Information

Name:	
Address:	
UCD Student/ Application Id:	
Phone Number:	
Email:	
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)		
	tion and Authorisation	
should any of the particula a material particular, action	this application is accurate, true and correct. I understand that rs furnished in this application 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 action to this appeal.	
Name (block capitals):		
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 www.ucd.ie/askus