|  |
| --- |
| **STUDENT APPEALS FORM – ASSESSMENT APPEALS**  **Assessment Appeals -** Taught Programmes:  This form should be completed, following an attempt to resolve the issue locally, if you believe that you have grounds to appeal against the result of a module. The completed form should be submitted to **assessment.appeals@ucd.ie**   * Appeals must be submitted **within 10 working days** from the date of the publication of final results. * Your appeal submission should include all relevant evidence in support of your appeal. * Appeals submitted after the deadline will not be considered unless you submit clear documentary evidence that demonstrates that you were prevented from submitting an appeal. * Please read [UCD’s Assessment Appeals Policy](https://sisweb.ucd.ie/usis/!W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=1) before completing this form.   Please note that:   * If a result that contributes to the calculation of a final degree classification is appealed, a student’s graduation will be postponed pending the outcome of the appeal. * Your Student Appeals Form (Assessment Appeals) and supporting documentation will be shared with the original decision-making body, and with relevant staff involved in administering and considering the appeal. * The University will evaluate and analyse information collected from the Student Appeals process to identify trends and highlight opportunities for improvement. It will not be possible to identify any individual from data collected for statistical purposes.   An assessment appeal submission will be deemed invalid and returned to the student if it:   1. Does not fall within the scope (section 3 of UCD’s Assessment Appeals Policy) 2. Clearly does not meet any of the stated grounds for appeal. 3. Does not provide necessary evidence to support the appeal 4. Is not submitted within the given timeframe |

|  |
| --- |
| **Section 1. Student Details** |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |
| **Student ID No.:** |  | **Programme:** |  |
| **E-mail:** |  | **Phone no.:** |  |
| **Are you a final year student?** | | **Conferring Date:** |  |

|  |
| --- |
| **Section 2. Grounds for Assessment Appeal** |

Use this section to indicate the ground/s on which you are submitting an appeal

|  |  |
| --- | --- |
| **☐** | **Procedural irregularity**: there is evidence that the procedures relating to an assessment decision were not followed properly, which may have impacted on the decision. |
| **☐** | **Extenuating circumstances:** there were extenuating circumstances of which the relevant governing board was aware but had rejected, because the application was late and the Governing Board did not consider the reason why the application was late to be valid. |

|  |
| --- |
| **Section 3. Appeal Details** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Module Name:** |  | **Module Code:** |  |
| **Grade:** |  | **Repeat Attempt?** |  |
| **Date final grade was released:** |  | **Assessment Period:**  **(e.g. Autumn)** |  |

Use this section to indicate your engagement at a local level

|  |  |  |  |
| --- | --- | --- | --- |
| **Module Feedback:** | | | |
| Date feedback received from Module Coordinator: |  | Name of Module Coordinator: |  |
| **Extenuating Circumstances** | | | |
| Date Extenuating Circumstances form was submitted to the Programme/School Office: |  | Governing Board Decision: |  |

Use this section to explain in full the grounds on which your appeal is based. Complete Section A and/or B as appropriate depending on the grounds you have selected above. Include documentary evidence to support your claim, where appropriate. Failure to do so may result in your appeal not being considered.

|  |  |
| --- | --- |
| **A** | **Procedural Irregularity** (there is evidence that the procedures relating to a decision were not followed properly, which may have impacted on the decision). |
| 1. Detailed description of your appeal: | |
|  | |
| 1. Relevant evidence to support your appeal: | |
|  | |

|  |  |
| --- | --- |
| **B** | **Extenuating circumstances** (there were extenuating circumstances of which the relevant Governing Board was aware but had rejected, because the application was late and the Governing Board did not consider the reason why the application was late to be valid.) |
| 1. Detailed description of your appeal: | |
|  | |
| 1. Explanation of why it was not possible to submit this information to the original decision- making body before the extenuating circumstances deadline had elapsed. | |
|  | |
| 1. Relevant evidence to support your appeal: | |
|  | |

|  |
| --- |
| **Section 4. Checklist** |

**Student Appeals - Assessment Appeals:**

☐ I have read and understand the [Assessment Appeals Policy](https://sisweb.ucd.ie/usis/!W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=1) and the [Student Appeals Procedure](https://sisweb.ucd.ie/usis/!W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=225)

☐ I have completed all personal information (Section 1)

☐ I have included a copy of the communication from the decision-maker formally notifying me of the decision that I now wish to appeal.

☐ I have provided all the information that I wish the Student Appeals Committee to consider in relation to my appeal.

☐ I understand that my Student Appeals Form and any supporting documentation will be shared with the original decision-making body, and with relevant staff involved in administering and considering the appeal.

**For appeals submitted more than 10 days after the decision being appealed was formally communicated: Click box to select**

☐ I have enclosed a completed Request for Late Consideration Form and included evidence demonstrating why I was unable to submit my appeal on time.

|  |
| --- |
| **Section 5. Declaration** |

By submitting this form: I declare that the above information is accurate and true; I confirm that the details of this appeal are complete and acknowledge that they will be passed on to the relevant University staff administering and considering my appeal; I acknowledge that my appeal and supporting documentation will be shared with the original decision-making body for comment; I confirm that I have included relevant supporting documentary evidence to support my case (where applicable); I authorise relevant University staff to verify the authenticity of all supporting documentation associated with this application.

Send your completed appeal form and supporting documentary evidence to [**assessment.appeals@ucd.ie**](mailto:assessment.appeals@ucd.ie) within 10 working days from the date of the publication of final results.

For more information on Student Appeals please see: <https://www.ucd.ie/secca/>