

**ATTENDANCE CLOSING-OFF RECORD APPEAL FORM**

***(Refer to Document 188 ‘College Academic Board Procedures’ for details on Institute Appeal Board (IAB) Procedure)***

*You are strongly advised to keep a copy of your application form.*

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| --- | --- | --- | --- |
| **Name and Surname** | Click or tap here to enter text. | **I.D. No.** | Click or tap here to enter text. |
| **Institute:**  | Click or tap here to enter text. | **Year** | Click or tap here to enter text. |
| **Course:**  | Click or tap here to enter text. | **Semester:**  | Click or tap here to enter text. |
| **E-mail:**  | Click or tap here to enter text. | **Tel/Mobile:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
|  Date of De-Registration Letter/Notification | Click or tap here to enter text. |

**Nature of Appeal**: *(Tick the relevant box / boxes and explain the reason for your appeal, in space provided)*

|  |  |
| --- | --- |
|  [ ]  Extenuating Circumstances (evidence and details) | *Comment:*Click or tap here to enter text. |
|  [ ]  Procedural and administrative errors on the part of MCAST (specify) |
|  [ ]  Other (please specify) |

**Notes:**

1. All claims relating to extenuating circumstances must be supported by appropriate evidence and documentation. This evidence must be independent and must include all the important details such as the nature and dates of the circumstances in question.

2. Upon submission of this form, you are to continue attending the College until your appeal is heard. Improved attendance in the interim period between the receipt of the de-registration notification and the hearing of the appeal, may reflect positively on you in view of the outcome of the appeal.

**Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**