

**ASSESSMENT / EXAMINATION RESULT 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.*

Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel/Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Unit Title** |  |
| **Criteria being appealed** |  |

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

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| --- | --- | --- | --- |
| Request for Revision of paper |  |  | *Comment:* |
| Extenuating Circumstances (evidence and details) |  |  |
| Procedural and administrative errors on the part of MCAST (specify) |  |  |

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

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