

# Student Appeal Form



## Appeal Type

- Change of grade       Advanced Standing       Request for examination
- Other (Specify) \_\_\_\_\_

## Personal Information

Full Name (Block Letters): \_\_\_\_\_

ID Card / Passport Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Current Course Details

Course Name: \_\_\_\_\_ Batch Number: \_\_\_\_\_

Faculty: \_\_\_\_\_ Campus: \_\_\_\_\_

Module Name: \_\_\_\_\_

## Reason for Appeal

State reason for appeal: \_\_\_\_\_

\_\_\_\_\_

Note: You may attach an additional page if needed. Appeal must be logged within 15 days from the date of the decision.

## Required Supporting Documents

- Medical certificate       Academic Review Committee Decision
- Other (Specify) \_\_\_\_\_

## Declaration

I declare that all the information given in this form are accurate and true. The college may verify the information provided herein from appropriate sources.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Sign: \_\_\_\_\_

## For office use only

Date: \_\_\_\_\_ ARC Approval: Yes / No      Letter reference: \_\_\_\_\_

Registrar's Approval: \_\_\_\_\_      Student notified on: \_\_\_\_\_

Faculty notified on: \_\_\_\_\_