

ACADEMIC APPEAL FORM

PART A: NATURE OF APPEAL (Please check, ✓, the relevant box.)

 status) Repeating course(s) Debarring from sitting for Final Examination Others (specify): 	e prescribed study plan ded (for students who are not on Good Standing
	Student ID: Semester (month and year): International International eal letter (and other supporting documents, if any) with his form.
(Student's Signature)	(Date)
PART C: PROGRAMME LEADER Recommendation (please check, ✓): Rationale for recommendation:	oprove Reject <u>(Signature)</u> Name: Date:



PART D: HEAD OF ACADEMIC			
Recommendation (please check, \checkmark):	Approve	Reject*	
Rationale for recommendation:			
			(Signature)
			Name:
			Date:

* If the appeal is rejected, the appeal application is forwarded to the Director, Office of Academic Affairs for final decision.

PART E: DIRECTOR, OFFICE OF ACADEMIC AFFAIRS

Recommendation (please check, \checkmark):	Approve	Reject	
Rationale for recommendation:			
			(Signature)
			Name:
			Date:

PART F: FOLLOW ACTION BY PROGRAMME LEADER

Please check, \checkmark in the relevant boxes:

1.	Student is informed of the outcome of the appeal.	
2.	Debarring of student in the system if approved.	(Signature) Name:
3.	Appeal documents placed in student's personal file, and returned to the Registrar's Office	Date:
4.	Copy of appeal form forwarded to Examination Unit (examinations-related appeals	