|  |  |  |
| --- | --- | --- |
| ***Copy of InternationalLogo***  **APPEALS FORM (UNFAIR PRACTICE DECISIONS)**  This form is to be used by a student who wishes to appeal to the University of Wales against a decision made by an Unfair Practice Committee of Enquiry. Before proceeding with the appeal, please ensure that you are familiar with the Appeals Procedure (Unfair Practice Decisions).  The form should be completed in full, any supporting documentation should be attached securely. You are also advised to retain copies of all documentation. The form should be typed or completed in black ink, and sent to the Deputy Vice-Chancellor (Ref: Appeals), University of Wales Registry, King Edward VII Avenue, Cathays Park, Cardiff, CF10 3NS or sent via email to appeals@wales.ac.uk. | | |
|  | | |
| Full Name |  | |
| Mr/Mrs/Miss/Other |  |  |
| Address for Correspondence |  | E-Mail Address: |
|  |
| Telephone Number: |
|  |
| Institution Studied at: |  | |
| Programme Studied: |  | |
| Dates you were enrolled on the programme: |  | |
| Institution and/or University of Wales student number |  | |
|  | | |
| **I wish to appeal against the decision of the Unfair Practice Committee of Enquiry on one or both of the following grounds (tick either or both that apply):**    **GROUND 1:** Irregularities in the conduct of the unfair practice procedure which are of such a nature as to cause reasonable doubt whether the Committee would have reached the same decision had they not occurred.  **GROUND 2:** Exceptional personal circumstances which were not known to the Committee of Enquiry when the candidate’s case was considered and which can be shown to be relevant to the unfair practice.  **Please note that you are not permitted to appeal on any other grounds.** | | |
| **GROUND 1**  Please state the defects or irregularities in the conduct of the unfair practice procedure you believe to have occurred.  Please continue on a separate sheet(s), if necessary | | |
| **GROUND 2**  2.1 Please describe the exceptional personal circumstances which were not known to the Committee of Enquiry when it reached its decision. Give dates and details. Medical or orther documentary evidence must be attached.  2.2 Please state why you did not report the circumstances detailed in 2.1 above to the Chair of the Examining Board before the meeting of the Committee of Enquiry.  Continue on a separate sheet, if necessary  No further submission will be considered.  I declare that I have read the Appeals Procedure (Unfair Practice Decisions) and that the information given on this form and documentary evidence attached, if any, is a true statement of the facts to the best of my knowledge and belief.  ......................................................................... ........................................  Signed (Appellant) Date | | |