**Northern Regional College**

**Assessment Appeals for Students – Appeals Form**

**Please refer to the Student Assessment** [**Appeals Procedure**](https://nrc.instructure.com/courses/38/pages/policies) **before completing this form.**

If you, as a student within the College, wish to appeal an Exam Board decision please complete the following sections as accurately as possible. If you require help or advice completing this form, please contact a member of staff.

**Please ensure that you, the student, keep a copy of your completed form**

|  |  |
| --- | --- |
| Your Name: |  |
| Course Title: |  |
| Module/Unit Title: *(specific title)* |  |
| Name of Lecturer/Assessor Involved with Assessment: |  |
| Nature of your Appeal: i.e. please provide detail about the procedural error/irregularity or extenuating circumstances/incorrect access arrangements. (Note: If you are appealing an Exam Board decision due to **extenuating circumstances** **not known at the time of the Exam Board**, please read the ‘[Extenuating Circumstances and Special Consideration Procedure’](https://nrc.instructure.com/courses/38/pages/policies) to ensure you are aware of what constitutes an ‘extenuating circumstance’) |
|  |
| Are you submitting evidence with this form? | Yes |  |  | No |  |
| ***PRIVACY NOTICE****: Information gathered on this form will be processed within the provisions of the General Data Protection Regulations (UK GDPR) and used for the purpose of your assessment appeal.  The College is permitted to process personal data where there is a ‘lawful basis’ to do so.  This processing is necessary for the performance of a public task or in the exercise of official authority vested in the College as a Data Controller. Public Authorities are subject to the Northern Ireland Public Services Ombudsman (NIPSO). Your information may be shared with relevant College staff for the purpose of handling your assessment appeal. It may also be shared with authorised third parties such as NIPSO, legal professionals where there is a lawful basis to do so. Further information on data protection and your rights are available on our website.* *I realise that if I choose not to agree to these terms, the College will be unable to consider my assessment appeal.* |
| Your signature:  | Date:  |

|  |
| --- |
| **To be completed by College staff:** |
| Date form received by Course Coordinator: |  | Date form received by Curriculum Area Manager: |  |
| Date of Appeals Panel: |  |
| Appeals Panel outcome: | Upheld |  |  | Not Upheld  |  |
| Action/s required by student: |  |
| Date student informed:  |  |
| Action/s required by staff: |  |

**Notes to Student:**

* Please ensure you keep a copy of this form.
* If submitting in hard copy: enclose this form and any evidence in a sealed envelope, with the Course Coordinators name clearly written on the outside, and leave at Campus Reception.
* If e-mailing electronically: e-mail this form and any evidence to the Course Coordinator – please ensure you password protect the documents and use the correct e-mail address.

NRC/LAF/25