**Form for Consulting the Dean / Deputy Dean of Partnerships about the Progress Decision of an Exam Board**

**Foundation, First or Second Year Students**

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**GUIDELINES AND FORM**

Before you complete the attached form please ensure that you look at the information at [www.essex.ac.uk/see/appeals-ug](http://www.essex.ac.uk/see/appeals-ug)

**Please complete this form as soon as possible, but within 10 days of** **the publication of your exam results**, and send it electronically to your course administrator.

**Please note that if you also wish to make a formal appeal against the Exam Board’s decision, you must do so within 10 working days of the publication of your results.**

*Please complete Part A and Part B in full. Part C of the form will be completed by the Dean.*

**PART A – GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Partner Institution** |  |
| **Student Registration Number** |  |
| **First Name** |  | **Title** |  |
| **Surname** *(Family Name)* |  |
| **Correspondence Address** |  |
| **Contact Telephone** |  |
| **Contact Email** *(please use University email address where possible)* |  |
| **Department/ School** |  |
| **Course** *(e.g. BA Accounting)* |  |
| **Year of Study** *(Foundation, 1st, 2nd)* |  |
| **Please state the decision taken by the Board of Examiners:** |  |
| **Signature** |  |
| **Date** |  |

**PART B - WHAT OUTCOME ARE YOU SEEKING?**

Please complete the relevant section below.

**IF YOU ARE ASKING TO REPEAT THE YEAR**

Please complete the box below if you are asking permission to repeat the year rather than taking resits/resubmitting coursework across the summer. Please explain your reasons for wanting to repeat the year.

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|  |

**IF YOU ARE APPEALING FOR ANOTHER OUTCOME**

Please indicate here which grounds apply and then give full details of your case in the following box. *(Please mark the appropriate box(es) – you may mark more than one)*

|  |  |
| --- | --- |
| **(i) Extenuating circumstances (mitigating circumstances)** |   |
| **(ii) Procedural irregularities** |   |
| **(iii) Other** |   |

Please state clearly your grounds for appeal below, including details of work affected and dates affected. Please also state the outcome that you would like.

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| --- |
|  |

**PART C – DEAN’S DECISION**

|  |  |
| --- | --- |
| **DECISION (Circle)** | **COMMENTS** |
| Upheld:(any change to the Board’s decision) |  |
| Rejected: |  |
| More information Required: |  | If information received, final decision: |
|  |

**Dean / Deputy Dean of Partnerships: ………………………………..…………………………… (PRINT)**

**Signature of Dean: …………………………………………………Date: ……………………**

**Document review information**

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| **Document author** | Rachel Frost, Senior Partnerships Manager |
| **Document last reviewed by** | Rachel Frost, Senior Partnerships Manager |
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