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# Intention to Submit a Section Two Assessment Appeal

This form should be completed if you are intending to submit an appeal under Section Two of the University of Liverpool Assessment Appeals Procedure.

This form is a statement of intent. Following submission of this form, you will receive an acknowledgement of receipt and if your appeal is eligible, you will be invited to provide a full written statement of appeal within a further 14 calendar days.

Submission of this form means that **you will not be permitted to proceed to graduation** until the outcome of the appeals procedure is determined. Please be aware that this can often take some considerable time.

Full details of the Assessment Appeals Procedure are provided in [Appendix F of the Code of Practice on Assessment](http://www.liv.ac.uk/media/livacuk/tqsd/code-of-practice-on-assessment/appendix_F_cop_assess.pdf).

Further advice may be obtained from the Student Conduct, Complaints and Compliance Team in Student Administration and Support (email [appeals@liv.ac.uk](mailto:appeals@liv.ac.uk)) or from the Advice Service of the Liverpool Guild of Students (email [guildadv@liv.ac.uk](mailto:guildadv@liv.ac.uk)).

**PLEASE ENSURE THAT YOU COMPLETE ALL SECTIONS OF THIS FORM IN FULL.**

## Your Details

|  |  |
| --- | --- |
| **Full Name** |  |
| **Student ID Number** |  |
| **Programme of Study** |  |
| **Postal Address** |  |
| **E-mail Address\*** |  |
| **Telephone Number** |  |

\* *Please provide your University of Liverpool email address (...@liverpool.ac.uk). If this is not accessible, an alternative personal email address should be provided.*

## Your Award

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree classification or other award made by the Board of Examiners** |  | | |
| **Name of the Chair of the Board of Examiners or nominated representative consulted and date of consultation** |  | | |
| **Re-sit opportunity** | | | |
| **Do you have the opportunity to re-sit any of your assessments?** | Yes |  |
| No |  |
| **If yes, have you elected to re-sit any of your assessments?** | Yes |  |
| No |  |

## Timescale for submitting appeal

# Notification of your intention to submit a Section Two Assessment Appeal, must be submitted within ten calendar days of the formal confirmation of the award by the Board of Examiners. Sometimes, depending on the circumstances, we can decide to still consider an appeal outside of this, if we have good reasons to do so.

|  |  |
| --- | --- |
| **Date of notification of award made by the Board of Examiners** |  |

|  |  |  |
| --- | --- | --- |
| **Are you submitting this ‘Intention to submit a Section Two Assessment Appeal’ form more than 10 calendar days after the formal confirmation of the award by the Board of Examiners?** | Yes |  |
| No |  |

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| **If yes, please explain why you did not submit this form before the stated deadline and provide appropriate documentary evidence to support your explanation.** |
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## Grounds on which you wish to appeal

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| --- | --- |
| **Please see Assessment Appeals Procedure Section 2 paragraph 44 Grounds for Appeal and indicate which grounds apply to your appeal by marking the relevant box/boxes with an ‘X’:** | |
| 1. That performance in the assessment was adversely affected by illness or other significant factors which, for valid reasons, I was unable to divulge before the Board of Examiners met to consider my performance  * *Your full statement will require full documentary evidence and reasons why information was not presented in advance to Board of Examiners* |  |
| 1. That there had been a material administrative error  * *Your full statement will require detailed description of the error alleged to have occurred* |  |
| 1. That assessments were not conducted in accordance with the current regulations governing the course of study  * *Your full statement will require detailed description of error/irregularity alleged to have occurred* |  |
| 1. That I have a complaint regarding academic provision that could not be made known prior to the meeting of the Board of Examiners and for which an academic remedy is being sought  * *Your full statement will require details and evidence relating to the complaint and reasons why the Student Complaints Policy and Procedure was not used* |  |
| 1. That some other material irregularity has occurred\*  * *Your full statement will require detailed description of the irregularity alleged to have occurred* |  |
| 1. That extenuating circumstances were divulged but: 2. there was a procedural error in the decision taken by an Extenuating Circumstances Committee or Board of Examiners when considering the circumstances *- your full statement will require a detailed description of error alleged to have occurred*   *OR*   1. I am presenting new or additional material evidence, which, for valid reason, I was unable to provide at the time of submitting the extenuating circumstances claim *- your full statement will require documentary evidence and reasons why the information was not presented with your Extenuating Circumstances claim* |  |
|  |

\* *This may include a procedural error in determining a decision of copying, plagiarism, collusion, dishonest use of data, unfair or dishonest academic practice, or breach of research ethics*

Further information and guidance can be found in the [Code of Practice on Assessment Appendix F Annex 3 Guidelines For Students: Section Two Appeals](https://www.liverpool.ac.uk/media/livacuk/tqsd/code-of-practice-on-assessment/appendix_F_annex3_cop_assess.pdf)

## Summary of your appeal

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| --- |
| **Please provide a summary of your appeal in no more than 500 words as this will allow us to process your appeal more quickly. You will have the opportunity to submit a full written statement of appeal within 14 calendar days of submission of this form, if your appeal is eligible.** |
|  |

## Supporting documentation

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| **Please list the documentation you intend to submit. Note that you are not limited to this documentation should you decide to include other pieces of evidence with your full written statement.**  **(Please note that if you intend to submit as evidence, any medical reports or other official reports/letters, these should include the date, name and position of the person writing the letter. If the original documentation is provided in a language other than English then independent translation must be provided.)** |
|  |

|  |  |
| --- | --- |
| **Signature (type full name)** |  |
| **Date\*** |  |

\* *Please note that this form must be submitted no later than 10 calendar days after the date of notification of the award stated above*

***The completed and signed form must be submitted to*** [***appeals@liverpool.ac.uk***](mailto:appeals@liverpool.ac.uk)