

## Academic appeals notification form

SECTION 1: Personal details				
Surname				
First name/middle names				
Year group				
Address				
E-mail				
SECTION 2: Summary of Ac	ademic Appeal (Stage 1 – Eligibility and Primary investigation)			
For Formal Academic Appear possible.	als - Stage 1: please outline your appeal in as much detail and as precisely as			

SECTION 2: Academic Appeal - Stage 2 (Hearing by the Academic Appeals Committee)				
For requests to review decisions during Stage 1: please clearly state the reasons why you feel the decision(s) taken were not appropriate.				

SECTION 3: Academic Appeals (stage 3 – Review by the Academic Board)				
What are the key points of your review request?				
There was	s a procedural irregularity or error in the			
investigat	ion			
Please stat	e clearly			
(i)	what the procedural irregularity/error is			
(ii)	any underlying facts			
(iii)	the evidence that supports this			
There was	There was prejudice or bias on the par of the			
Academic	Appeals Committee			
(i)	on which grounds you believe the			
	decision to be prejudiced or biased			
(ii)	any underlying facts			
(iii)	the evidence that supports this			
. ,				
The decis	ion was unreasonable			
	ease state clearly			
(i)	why you consider the decision to be			
	unreasonable			
(ii)	any underlying facts			
(iii)	the evidence that supports this			

SECTION 5: Declaration (please tick to indicate your agreement)				
I have read EM Norma	nave read EM Normandie UK's Academic Appeals Procedure  Inderstand that EM Normandie UK may need to exchange information about my review quest within the EM Normandie Group and with other persons and organisations, including sclosing this completed Review Request Form and my accompanying evidence where excessary, (for example, to collect information or to seek statements from relevant persons or odies within the Group)  The information I have given on this form is true, correct and complete, to the best of my			
I understand that EM Normandie UK may need to exchange information about my review request within the EM Normandie Group and with other persons and organisations, including disclosing this completed Review Request Form and my accompanying evidence where necessary, (for example, to collect information or to seek statements from relevant persons or bodies within the Group)				
The information I have given on this form is true, correct and complete, to the best of my knowledge				
Signed:		Date:		

Submit this form and all evidence to  ${\color{red}\underline{academicappealsox}} {\color{red}\underline{form}} {\color{red}\underline{academicappealsox}} {\color{red}\underline{form}} {\color{red}\underline{form}} {\color{red}\underline{academicappealsox}} {\color{red}\underline{form}} {\color{$ 

## Annex 1 – Control table

Version	v1	Name	Role	Date
Created by:		Birgit Muller	Office Manager	Feb 2023
Approved	by :	Miriam Schmidkonz, Principal		
Version	v2	Name	Role	Date
Reviewed	by:	Shane de Fonseka	UK Head of QA & Accreditations	Aug 2024
		No changes		
Changes approved by:		Miriam Schmidkonz, Principal		
Version	v3			
Reviewed by:		Birgit Muller	Office Manager	Aug 2025
		Addition of review table		
Changes approved by:		Miriam Schmidkonz, Principal		
Version	v	Name	Role	Date
Reviewed	by:			
Changes at	pproved by :			
Version	pproved by .			
Reviewed by:				
			-	•
Changes at	pproved by :			