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| **FINAL REVIEW APPLICATION FORM**  Please refer carefully to the Final Review Procedure before completing this form.  **Evidence of procedural irregularity, or new evidence relating to exceptional personal circumstances, MUST be submitted with this form. Requests submitted without evidence will not be considered.**  Applications for Final Review must be submitted by e-mail to: [caostaff@aber.ac.uk](mailto:caostaff@aber.ac.uk) | | | |
| **SECTION A - Personal Details** | | | |
| Full Name: | Student Number: | | |
| Address for Correspondence: | | | |
| Contact Telephone Number: | | | |
| University E-mail Address: | | | |
| Other E-mail Addresses: | | | |
| Study Scheme Title and Code: | | Year of Study: | |
| **SECTION B – Decision to be Reviewed**  **Please tick ONE box to confirm the decision you wish to be reviewed:** | | | |
| I want the decision made under the **Academic Appeals Procedure** to be reviewed after receipt of the written outcome of my appeal against a decision of an examination board. | | |  |
| I want the decision made under the **Academic Regulation on Academic Progress Procedure** to be reviewed after receipt of the written outcome from the Academic Registrar that I be temporarily or permanently withdrawn from University. | | |  |
| I want the decision made under the **Unacceptable Academic Practice Regulation** to be reviewed (i.e. after receipt of the written outcome from the Panel who investigated the Unacceptable Academic Practice made against you). | | |  |
| I want the decision made under the University’s **Student Discipline Procedure** to be reviewed (i.e. after receipt of the written outcome from the Academic Registrar). | | |  |
| I want the decision made under the University’s **Student Complaints Procedure** to be reviewed (i.e. after receipt of the written outcome from Stage 2 of the Procedure). | | |  |
| I want the decision made under the University’s **Fitness to Practise Procedure** to be reviewed (i.e. after receipt of the written outcome from a Fitness to Practise Panel at faculty level). | | |  |
| I want the decision made by the **Finance Office** to be reviewed (i.e. after receipt of a decision made by the Finance Office for non-payment of fees and charges) | | |  |
| I want the decision made under the **Support to Study Procedure** to be reviewed (i.e. after receipt of the written outcome from Student Services). | | |  |
| **SECTION C - Grounds for Review**  **Requests for final reviews must be based upon one or more of the following grounds. Please tick the relevant box(es) to confirm which grounds your review is based:** | | | |
| Defects or irregularities in the Procedure followed when reaching the original outcome, which are of such a nature as to cause reasonable doubt whether the same decision would have been reached had they not occurred. Evidence of procedural irregularity **MUST** be submitted with this request for review. | | |  |
| New evidence which you were unable to provide earlier in the process, for valid reasons, and its absence would have materially affected the outcome. New evidence **MUST** be submitted with the request for review, and you MUST show good reason why the evidence was not introduced earlier in the Procedure prior to the Final Review Stage. | | |  |

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| **SECTION D - Additional Information**  **Please explain your reasons for requesting a Final Review on the ground(s) mentioned above, and explain why you consider the final decision of the University to be unsatisfactory.** | |
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| **SECTION E - EVIDENCE**  **Please provide details of the additional evidence upon which you are basing your Final Review, and provide good reason why this evidence has not been provided previously? (Please attach evidence to this form)** | |
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| **SECTION F – The Outcome from the Final Review**  **Please explain what is your preferred outcome from the Final Review?** | |
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| **DECLARATION / *DATGANIAD*** | |
| **I declare that all the information I have provided on, and with, this form is a true statement of the facts to the best of my knowledge and belief. I acknowledge that the submission of fraudulent information could lead to the University taking disciplinary action.**  **I understand that the information I have provided will be circulated to relevant members of staff for the purpose of investigating my Final Review. I understand this information will be processed and retained as is deemed necessary for the University’s performance of tasks carried out in the public interest (General Data Protection Regulation Article 6(1)(e)) and under its contractual obligations (General Data Protection Regulation Article 6(1)(b)). It will be retained for one year after receipt of the Final Review outcome, unless a complaint is lodged with the Office of Independent Adjudicator for Higher Education, in which case the period may be extended. If sensitive information is included in, or with, the form as completed above, I give my consent for this to be used for the purposes of the University’s Final Review Procedure.** | |
| If the evidence submitted relates to a third party, tick here to confirm that you have their permission for it to be used. |  |
| Signed: | Date: |