**C O N F I D E N T I A L**

**REQUEST FOR A REVIEW OF THE OUTCOME OF AN ACADEMIC APPEAL OR A FORMAL GRIEVANCE**

**(RAD Awards)**

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You should use this form ONLY if you are requesting a review of the procedures applied to an Academic Appeal or Grievance/Complaint you submitted to the Faculty of Education, and have received a letter advising you of the outcome.

For university-validated programmes of study, please use the review processes as detailed on the University of Bath website (http://www.bath.ac.uk/students/support/complaints/index.html).

## Please sign and date the form before returning it. The form must be submitted to the Faculty of Education Registry no later than five working days after you were informed of the decision regarding your Academic Appeal or Grievance/Complaint. Requests for Review received after this deadline will not normally be considered.

1. **Your details**

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| --- | --- | --- | --- |
| **Title:** |  | **Student number:** |  |
| **First Name:** |  | **Surname:** |  |
| **Contact address (during term time)** | **Alternative contact address (outside of term time)** |
|  |  |
| **Postcode:** |  | **Postcode:** |  |
| **Tel (Landline):** |  | **Tel (Landline):** |  |
| **Mobile no:** |  | **Mobile no:** |  |
| **Term time email:** |  | [ ]  | **Home email:** |  | [ ]  |
| *Please indicate which email address you would prefer the Faculty of Education to use to communicate with you during the course of the Review of an* *Academic Appeal or Grievance/Complaint outcome by ticking the appropriate box above. If you do not indicate a preference your term time email will be used as the primary address for correspondence. If you would prefer us to communicate by letter to your postal address rather than by email, do not enter email addresses in the boxes above.* |
| **Programme of Study** | **Year of Programme:** |
|  |  |

**Your reasons for seeking a Review of an Academic Appeal or Grievance/Complaint outcome**

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| What are your reasons for asking for a Review of the outcome?*You are reminded that your request must not make reference to grounds other than those cited in the original Academic Appeal or Grievance/Complaint, except for those arising from the your dissatisfaction with the process.*  |
| I am requesting a Review of the decision on my Academic Appeal or Grievance/Complaint because: |
|  |
| *Use a continuation sheet if necessary* |

## Supporting documentation

I am providing the following documentation in support of my request for a Review:

|  |  |
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| [ ]  | A written statement outlining my case for Review (required as above)  |
| [ ]  | All the documentation I submitted in the original Academic Appeal or Grievance/Complaint (required) |
| [ ]  | The following additional evidence (please specify). *You should supply evidence supporting you written statement above, especially in relation to your dissatisfaction with the process. Where you are submitting evidence that was not provided as part of your original Academic Appeal or Grievance/Complaint, but is relevant to the Review, you must also provide an explanation as to why you could not reasonably have been expected to have submitted this evidence as part of your original Academic Appeal or Grievance/Complaint.* |

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| **Signature:** |  | **Date:** |  |

This completed form should be submitted with all the documentation listed in section 2 of this form to the Director of Education. Receipt of the form will be acknowledged in writing.