

# Assessment Decision Review Request Form

NELSON COLLEGE LONDON

Student Name:			
Student ID:			
Programme of Study:			
Email Address:		Mobile:	

**Please indicate all of the units/modules that you are appealing against:**

Unit/Module Title	Type of Assessment	First Submission or Retake	Date of Publication of Results (mm/yy)	Academic Assessment Panel Decision	Grounds for review

**Supporting Statement:**

Please explain your grounds for requesting a review and why you disagree with the decision of the Academic Assessment Panel.

**Supporting Evidence:**

Please list below each piece of supporting evidence you have submitted with this form

**Payment Details:**

**Payee Name:**

**Review Fee:** (£40.00 Per Assessment decision)

**Mode Of Payment:**

**Payment Date:**

**Payment Received By:**

**Student Signature:**

**Date:**

**Decision (Office use only):**

Is the appeal accepted? (Please circle)

Yes/ No

**Justification of the decision:** Please provide the reasons for this decision and if there are any actions to be taken in respect of this claim.

**Name:**

**Signature:**

**Date:**