Appeals Form

Please complete the below form and return for the attention of the Centre Coordinator to <u>info@staexcel.co.uk</u> or STA Excel, Birch Street, Walsall, West Midlands, WS2 8HZ.



Appellant Details		
First Name:	Last Name:	
Address:		
	Postcode:	
Email address:		
Telephone number:		

Course Details		
Qualification Title:		
Course Reference Number:		
Course Start Date:	Assessment Date:	
Venue Name:		
Tutor Name:		
Assessor Name (if applicable):		

Appeal Details

Please indicate all that apply

Enquiry against assessment results

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Enquiry against a decision relating to a reasonable adjustment application or special consideration

Enquiry against a decision following an investigation into malpractice or maladministration

I wish to appeal the assessment decision made; I set out my reasons below:

I give my consent to the centre co-ordinator, to make an enquiry about the results of the above assessment decision and understand the possible outcome(s) may or may not change the original result.

Appellant Signature:

The appellant will be notified of the outcome 14 days after the submission date of this form.

Please note Appeals Forms submitted more than 28 days after the assessment decision was made will not be considered.