**REQUEST FOR REVIEW OF OUTCOME FORM**

**Request to have an outcome reviewed in regards to the Academic Appeal; Academic Misconduct; Fitness to Study or Practise; Mitigating Circumstances; Non-Academic Misconduct; Student Complaint Policies or Student Hardship Fund applications**

**This form should be used if you have received an Outcome letter in relation to one of the policies list above and you wish to request that the decision be reviewed.**

The request for review procedure is an internal procedure and is not a legal process. The University advises students to use the services of the Students’ Union (UWTSDSU) who are independent from the University and have a full understanding of the University’s processes and procedures. UWTSD does not normally use legal professionals in the handling of cases and does not expect that students will need to do so either. The engagement of legal professionals by students is normally not permitted. If you believe your circumstances are exceptional, please write to the Academic Office at [aocases@uwtsd.ac.uk](mailto:aocases@uwtsd.ac.uk) so that your request can be considered.

On receipt of an Outcome letter, you may request that the outcome be reviewed by a senior officer of the University by completing this form.

Before completing this form, you should read the Review section of the relevant policy taking particular note of the grounds on which a request for review may be made.

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| [Academic Appeal Policy](https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/misc-forms/Academic-Appeal-Policy-2020-21.pdf) | Section 18 |
| [Academic Misconduct Policy](https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/misc-forms/Academic-Misconduct-Policy-2020-21.pdf) | Section 16 |
| [Fitness to Practise Policy](https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/misc-forms/Fitness-to-Practise-Policy_2020-21.pdf) | Section 18 |
| [Support for Study Policy](https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/misc-forms/Support-for-Study-Policy-2020-21.pdf) | Section 15 |
| [Mitigating Circumstances Policy](https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/misc-forms/Mitigating-Circumstances-Policy-2020-21.pdf) | Section 27 |
| [Non-Academic Misconduct Policy](https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/misc-forms/Non-Academic-Misconduct-Policy-2020-21.pdf) | Section 20 |
| [Student Complaint Policy](https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/misc-forms/Student-Complaint-Policy-2020-21.pdf) | Section 16 |
| **UWTSD Hardship Fund** |  |

You are reminded that the Students’ Union can be approached at any time for advice and support on any issue.

This form should be typed, or completed in black ink, and sent to the Academic Office (Ref: Review of Outcome), to be received no later than **14 days** after the notification of the outcome.

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| All communications relating to this request for review during its process must be in writing and either emailed or posted to: | |
| **(for email)**  Email: [aocases@uwtsd.ac.uk](mailto:aocases@uwtsd.ac.uk)  Subject: Review of Outcome | **(for post)**  Academic Office  (Ref: Review of Outcome)  University of Wales Trinity Saint David  College Road  Carmarthen  SA31 3EP |

**The University will normally acknowledge receipt of your request for review and provide you with any updates and an outcome by email; therefore it is important that you check your University and personal email accounts regularly.**

**This form is available electronically from the Academic Office web pages:** <http://www.uwtsd.ac.uk/academic-office/>

**SECTION A: Student Details**

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| Student Name: |  | | |
| Student Number: |  | | |
| Contact Address: |  | | |
| Contact Telephone Number: |  | | |
| E-mail address: |  | | |
| Programme of Study: |  | | |
| Level of study: |  | | |
| Mode of study: | Full-time | Part-time | Distance Learning |
| Institute: |  | | |
| Campus: |  | | |

**SECTION B: Details of request for review**

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| What was the final outcome as stated in the Outcome letter?  (this box will expand as you type or you may attach additional sheets) | | |
| Date of the Outcome letter: | |  |
| Indicate the grounds on which you are requesting a review (tick the relevant box(es) and complete the section one of the form): | | |
|  | There were irregularities in the conduct of the appropriate procedure, which are of such a nature as to cause reasonable doubt whether the same decision would have been reached had they not occurred. | |
|  | The existence of new material evidence which you were unable, for compelling reasons, to provide earlier in the process. | |
|  | The outcome was not reasonable given the circumstances of the case. | |

**Please note that requests on any other grounds will not be considered.**

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| **Section 1**  Please outline the basis of your request for a review, bearing in mind the grounds on which your request is based.  (this box will expand as you type or you may attach additional sheets) |

**Supporting evidence:** List and describe any documentation which you have attached in support of your statements (Please note that the Academic Office will **NOT** seek evidence on your behalf – **it is your responsibility to provide this with your request for review**). It is your responsibility to provide a translation undertaken by an accredited translator for any material not in English or Welsh – untranslated documents will not be considered.

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| *(Please do not state that “xxx is available if needed” - If you list documentary evidence to support this request for review you ARE required to submit it or provide a date by which you will submit it).*  (this box will expand as you type or you may attach additional sheets) |

**NOTE – REQUESTS FOR REVIEW RECEIVED MORE THAN 14 DAYS AFTER OFFICIAL NOTIFICATION OF THE OUTCOME WILL NOT NORMALLY BE CONSIDERED. THE UNIVERSITY WILL REFUSE ANY REQUEST THAT IS INCOMPLETE, LACKS EVIDENCE OR DOES NOT PRESENT A CLEAR CASE FOR REVIEW.**

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| The information which I have provided is correct and complete to the best of my knowledge. I give my consent for this information to be disclosed to the relevant officers of the University who are responsible for considering requests for review of outcomes. **Submitting false documentation or fraudulent information is a serious matter and could be dealt with under the Academic Misconduct and Non-Academic Misconduct Policies.   The University reserves the right to check on the validity of the document(s) you submit or statements you make in this request for review.** | | | | |
| **Signature of Student:** |  | **Date:** |  | |
| Please tick this box if you wish a copy of your request for review to be forwarded to the Students’ Union. | | | |  |
| Note: The Students’ Union can provide advice and support at any time during the process of the consideration of your request for review. | | | | |

**THIS DOCUMENT IS ALSO AVAILABLE IN WELSH**