**The Courtauld Institute of Art**

**Academic Integrity and Misconduct Appeal Form**

**Instructions**

1. Please make sure that you have read and understood the Student Academic Integrity and Misconduct Policy before submitting the completed form.

2. The appeal must be submitted within **10 working days** of the date of the written notification of the outcome.

3. Please provide sufficient and adequate documentary evidence in support of your appeal.

4. Please note that incomplete forms will be rejected.

**1. STUDENT DETAILS**

|  |  |
| --- | --- |
| **Student ID Number** |  |
| **Name** |  |
| **Programme of Study** |  |
| **Courtauld Email Address** (If this no longer works, provide an alternative) |  |
| **Contact Telephone Number** |  |

**2. GROUNDS FOR APPEAL**

Please make sure that you read and understood the information given in the appropriate procedure for an academic appeal. An appeal can be made on one or more of the following. Please tick which apply:

|  |  |
| --- | --- |
| [ ]  | The procedures were not followed correctly.  |
| [ ]  | (**b** The student has new material evidence that was not available for valid reasons earlier in the process.  |
| [ ]  | There was bias or a reasonable perception of bias during the procedure.  |
| [ ]  | The Penalty imposed was disproportionate, or not permitted under the procedure.  |

**3. DETAILS IN SUPPORT OF YOUR ACADEMIC APPEAL**

Please set out clearly and concisely the main points of your appeal. You should cross reference this to any documentary evidence you have submitted so that those involved in reviewing the appeal can clearly follow the case. The supporting evidence may include a timeline of events.

**4. PREFERRED OUTCOME OF APPEAL**

Please set out clearly and concisely the preferred outcome from your appeal.

**5. SUPPORTING EVIDENCE**

|  |
| --- |
| Please list the evidence submitted in support of your appeal: |

**6. DECLARATION**

By submitting this form in hard copy or electronically you are agreeing to the following:

|  |  |
| --- | --- |
| [ ]  | I have read and understood The Courtauld’s policy and completed all sections of this form accurately and to the best of my knowledge. |
| [ ]  | The information I have given on this form is accurate and true to the best of my knowledge. |

|  |  |
| --- | --- |
| **Student’s Name\*:** |  |
| **Date:** |  |

\* Type if submitting electronically. Sign if submitting by hand.

**7. SUBMISSION**

Submit the completed form and any supporting documents to the Programme Administration team by emailing programme.operations@courtauld.ac.uk

Please keep a copy of your completed form and any documents you send. Please note that it may not be possible to return original documents. Where possible all correspondence will be via email.