

ACADEMIC APPEAL



NOTE: Please hand the completed form together with any supporting documentation to AcademicServicesemail@witt.ac.nz within fourteen working days of receiving an academic decision

To: Chair
Academic Committee

From: Name: _____

Address: _____

Email: _____ **Phone:** _____

I wish to appeal a decision concerning the following course/programme:

Programme: _____

Course: _____

Please supply a full explanation of the grounds for your appeal.

The grounds for my appeal are as follows (attach any evidence as required):

Signed: _____ **Date:** _____
(Applicant)

Outcome of Academic Appeal:

Academic Committee Resolution No: _____

Signed: _____ **Date:** _____
(Chair, Academic Committee)