

**Appeal Regarding Examination Security Group Decision**

**Name:** Student Name **Student ID:** Student ID

**Module Code(s):** Module code(s) e.g. AB123

**Grounds for Appeal**

Please tick below to indicate the grounds for the appeal

|  |  |  |
| --- | --- | --- |
|  | Circumstances that the Examination Security Group were not made aware of at the time of the decision | You must present evidence of the circumstances together with an explanation of the reason why you did not make the Examination Security Group aware of these circumstances. |
|  | Other | You must present a statement as to your grounds and explain why these grounds did not inform the original decision |

**Supporting Statement** (maximum 200 words)

**Signature:** Type your name here **Date:** Enter date (DD/MM/YYYY)

**Please submit appeals by email to agnes.shiel@universityofgalway.ie**