**PNG UNIVERSITY OF TECHNOLOGY**

**FORM FOR APPEAL AGAINST AN ASSESSMENT OR EXAMINATION**

***CHECKLIST FOR REQUIREMENTS: (Tick in the box if included)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **K100 Application Processing fee** |  | **4.** | **Continuous Assessment Marks** |  |
| **2.** | **Certified Medical Certificate** |  | **5.** | **Copies of Tests/Assignments** |  |
| **3.** | **Special Consideration Form** |  | **6.** | **Strictly One (1) Fail** |  |

**APPEAL GUIDELINES**

**(*Please read the following appeals guidelines before completing this form*)**

1. All appeals against failure are to be lodged within 7 days after the Academic Board meeting.
2. Students should discuss their personal and family problems with the student Counsellor, as, and when they arise during the Semester. Ongoing problems brought to the attention of University authorities only after examinations are held, will not normally be considered as valid grounds for appeal.
3. Problems which arise immediately before or during the examination period, particularly medical problems, should be documented whenever possible. Supporting evidence, in addition to this form, should be submitted. The original (not a photocopy), should be submitted or a certified copy.
4. Receipt of K100.00 Processing Fee must be submitted together with the Appeal Form to the Chairman of Academic Appeals Committee. Processing Fee will be refunded if Appeal is successful.
5. Appeals against Two or More Fails in one Semester will not be considered.

**SECTION 1: (To be completed by Student)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State the Subject and Grade which you are appealing e.g. MA111/F, PH102/F etc.**

**State whether you are Appealing Against Fail or Other Grades**

State Reasons for Appeal:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documents attached (e.g. Medical):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you appeal for Special Consideration? | Yes |  |  | No |  | Tick Appropriate Box |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_