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**REVIEW REQUEST FORM**

**Request a review of the outcome of the investigation into your appeal**

*Please note: a request for a review of the investigation into your appeal can only be considered on the grounds listed in section A. This process will not normally consider the content of your appeal for a second time or involve a further investigation.*

**YOUR DETAILS:**

|  |  |
| --- | --- |
| **Family name:** | **First name(s):** |
| **Student number:** 10 | **Email Address:** |
| **Date of outcome letter:** | |

**TELL US HERE IF YOU WANT SOMEBODY ELSE TO REPRESENT YOU REGARDING YOUR REVIEW**

It is expected that, as a student, you will act on your own behalf and your Review Request form must be signed and submitted by you. However, if you would prefer for a friend or family member to represent you, please complete the section below. If you do appoint a representative you must be sure that they are familiar with your appeal and review request and are able to respond to any queries.  If you do ask us to deal with a representative, **we will not also communicate with you, although we will send our Completion of Procedures letter to you and a copy to your representative.**

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| **Family name of representative:** | **First name(s):** |
| **Relationship:** | |
| **E-mail address:** | |

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| **SECTION A: Grounds for request**  **On which of the following grounds you are requesting a review (tick relevant box):**  **fresh evidence can be presented which you could not with reasonable diligence have submitted with your initial appeal and which might cause reasonable doubt as to the fairness of that decision;**  *If you are requesting a review on this ground, you must have a* ***clear reason*** *why you could not have disclosed this evidence during the appeal procedure before the appeal outcome letter was issued.*  **there is evidence of a failure to follow the procedures set out in the Regulations which might cause reasonable doubt as to the fairness of the decision;** *Please explain which procedure has not been followed*  **the decision was perverse given the evidence which was available at the time.** |

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

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| **State clearly and concisely why you are seeking a review. Include the reason why you believe the above ground(s) apply and any evidence on which you rely.**  ***Please continue on a separate sheet of paper if necessary*** |

**SECTION C: Evidence in support of your request for a review**

**Please attach to this form and record in the table below any information that you wish to be taken into account in the consideration of your review request.** **Please note that the College will not accept any further evidence or representations after submission of this form.**

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| *You may submit a copy of an original document if you have good reason to do so. However, please note that the College may ask to see the original document, and if you are unable to produce the original without a satisfactory explanation, the College may decide not accept the evidence* | | |
| **Document Type**  (e.g. Email from staff, Medical Certificate, Counsellor’s Letter, Police Report, Death Certificate, College Procedures) | **Date of Evidence** | **Notes/Comments** |
|  |  |  |

**DECLARATION**

Please consider my request for a review:

* I believe that all the facts stated above are true and understand that if my statement is considered to be frivolous or malicious, I may be liable for disciplinary action.
* I have included all the issues and supporting evidence which I wish to be investigated and considered, and understand that the College may refuse to take on any additional matters which are introduced later in the process.
* I understand that staff in my department and elsewhere in the College may be shown all or part of my original appeal submission and/or this request for a review, including evidence, and be asked to comment.
* I understand that, in order to investigate my appeal effectively, Student Administration may need to access personal data held by the College, which could include sensitive information (e.g. relating to health matters).
* I have read and understood the appeals procedure and guidelines provided as well as any relevant sections of the [Academic Regulations](https://www.royalholloway.ac.uk/ecampus/academicsupport/regulations/home.aspx).

**Sign here, even if you have appointed a representative to deal with your review, otherwise we will not be able to consider your request for a review.**

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| **Signature:**  **Name:** | **Date:** |

All requests for a review must be submitted to [Compliance@rhul.ac.uk](mailto:Compliance@rhul.ac.uk) within **10 working days** of the date of the appeal outcome letter.

Please ensure you include:

🞏 Completed Review Request form; and

🞏 All supporting documentary evidence

If you prefer to post your appeal form, please email [Compliance@rhul.ac.uk](mailto:Compliance@rhul.ac.uk) for postal address details. Please note that your completed form must still *arrive* within 10 working days of the date of the appeal outcome letter. We therefore recommend that you submit your Review Request by email to: [Compliance@rhul.ac.uk](mailto:Compliance@rhul.ac.uk)