

INSTITUTE/FACULTY OF

FORM NO.1. APPEAL FOR REMARKING

REF: Date:

TO: Deputy Vice Chancellor [Academic]

ufs

Examination Officer

Ufs

Dean [.....]

Ufs

Head of Department

1. Student's Personal Information:

Name:

Reg. No:

Country:

Male [] Female [..]

Year/Semester:

Specialisation:

Tel. No:

Signature

2. Appeal for decision of Discontinuation:

Humbly requesting that my case be re-examine and the decision to discontinue me from studies be reconsidered.

3. Reasons for the request:

I was not satisfied with the decision of the senate.

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NB: Applicant MUST attach receipt of payment of the appeal fees

4. Head of Dept's Detailed Justification for the Recommendation

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5. Signature, date and stamp of HoD

6. Institute Director/Faculty Dean's Detailed Justification for the Recommendation:

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7. Signature, date and stamp of Institute Director/Faculty Dean

NB: AFTER SIGNING, RETAIN A COPY BEFORE FORWARDING THIS FORM