**HWSS REVIEW APPEAL FORM**

UNIVERSITY OF EXETER

SUBMISSION OF REQUEST FOR REVIEW OF AN **HEALTH, WELLBEING AND SUPPORT FOR STUDY (HWSS)** REVIEW APPEAL

Before completing this form, students should ensure that they consult Annex A of the University’s procedures relating to Health, Wellbeing and Support for Study:

<http://www.exeter.ac.uk/staff/policies/calendar/part1/otherregs/health/>

If you’re not satisfied with the decision reached at a Level 3 Health, Wellbeing and Support for Study panel and you wish to request a review of the decision, you should complete this form. The completed form with any relevant attachments (including a copy of the report of the meeting and/or the outcome letter) should be sent to the Student Cases Office (studentcases@exeter.ac.uk)

Please note the time constraints stipulated in the appeal procedure annex A.

**This form must be submitted within 10 working days of being notified of the decision of the Level 3 panel**

Please complete this form clearly.

The University encourages you to seek help and advice with your appeal from your designated Advice services. For students studying at either Streatham or St. Luke’s, please contact the Guild's Advice Service ([http://www.exeterguild.org/support/advice/](https://eur03.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.exeterguild.org%2Fsupport%2Fadvice%2F&data=04%7C01%7CSarah.OBrien%40exeter.ac.uk%7C9bb77ba58a59460dca1508d9737f7844%7C912a5d77fb984eeeaf321334d8f04a53%7C0%7C0%7C637667813580564678%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=tsfBalEP1jgD7fxP3JqM2euzo2XpUslJPRE%2BG%2BlP7vM%3D&reserved=0)), and for students based at either the Penryn or Truro Campus, please contact the Students’ Union Advice Service ([https://www.thesu.org.uk/advice/](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thesu.org.uk%2Fadvice%2F&data=04%7C01%7CSarah.OBrien%40exeter.ac.uk%7C9bb77ba58a59460dca1508d9737f7844%7C912a5d77fb984eeeaf321334d8f04a53%7C0%7C0%7C637667813580574633%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=0p4J%2BX1tDk79EC6jlWq6%2BsKr7ZPrYhQr%2BO%2BudS9sqQg%3D&reserved=0)) ***ABOUT YOU***

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| --- | --- |
| Name (in full) |  |

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| Student ID no: |  |  Year of programme (1st, 2nd, etc) |  |

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| College/Institution |  |

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| Programme of study |  |

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| --- | --- |
| Your contact address |  |

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| Telephone no. |  |

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| E-mail address |  |

***ABOUT YOUR APPEAL***

Indicate with a tick in the relevant box(es) the ground(s) of appeal (see Annex A para 1.1 of the procedure):

|  |  |  |
| --- | --- | --- |
| a | Evidence of procedural irregularity |  |
| b | Evidence of bias or failure to reach a reasonable decision in handling the process |  |
| c | Evidence of further material circumstances which could not reasonably have been expected to have been submitted for consideration by the Panel. |  |

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| If you have ticked a) ie evidence of procedural irregularity, for clarity you will need to explain what you believe the procedural irregularity is, your appeal will be reviewed as to whether or not the HWSS process was conducted in accordance with the arrangements set out within the procedure in section 3: <http://www.exeter.ac.uk/staff/policies/calendar/part1/otherregs/health/>  |
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| If you have ticked b) ie evidence of bias or failure to reach a reasonable decision in handling the process, for clarity in relation to bias you will need to provide evidence that one or more of the Panel member(s) deciding the outcome was bias against your or had been previously involved in the process. In relation to failure to reach a reasonable decision, you would need to provide evidence and/or explain why the decision was unreasonable given the evidence considered at the Level 3 meeting  |
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| If you have ticked c) i.e. evidence of further material circumstances which could not reasonably have been expected to have been submitted for consideration by the Panel, for clarity you will need to explain why this information was not provided at the HWSS level 3 meeting, you will need to provide independent, verifiable evidence (eg medical evidence)  |
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| *Please indicate what remedy you are seeking from your appeal* |
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| *List here any documents that you are attaching to support your appeal and explain their significance to the appeal.* ***Please note that it is your responsibility to provide any evidence that you feel is relevant to your appeal, the University will not seek evidence on your behalf.***  |
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| --- | --- | --- | --- |
| Signed |  | Date |  |