

Final Review Request Form

Before completing this form you must read the [Final Review Policy and Procedure](#)

Please tick here to confirm that you have completed a) above

Guidance on submitting your request:

- Students studying at UK partner institutions only may also request a final review of a decision made following completion of that institution's complaints procedure. Campus based students can apply direction to the ombudsman (OIAHE) at the completion of the University's [Student Complaints Procedure](#).
- A request for a final review must be submitted together with any written evidence to the Student and Academic Services Executive Office within **14 calendar days** of notification of the outcome imposed.
- The request for a review must state the grounds on which the request is sought and should be accompanied by appropriate documentary evidence.

1. GENERAL INFORMATION

FIRST NAME(S)		TITLE
FAMILY NAME		
UNIVERSITY ID NUMBER		
PROGRAMME OF STUDY		
YEAR/ACADEMIC STAGE		
FACULTY		
DAYTIME PHONE		
EMAIL ADDRESS		

2. GROUNDS FOR REVIEW

2A. Please tick to indicate which procedure you are seeking a review of the outcome of:

Academic Appeal

Attendance Policy Appeal

Fitness to Practise procedure

Disciplinary procedure

Accommodation Conduct procedure

Formal Complaint (students studying at UK partner institutions only)

2B. Please tick to indicate the ground(s) under which you are requesting a final review:

The relevant procedure was not correctly followed and this has affected the outcome of your case.

You have new evidence which you were unable to provide earlier in the process for valid reasons and which you believe may have made a difference to the outcome of your case. You will need to provide evidence to support your reasons.

That the decision reached was unreasonable and/or a disproportionate outcome has been imposed

2C. Please use the space below to explain in detail why you are seeking a Final Review of the outcome of the procedure identified in 2B:

2D. How do you propose this Final Review could be concluded to your satisfaction:

Please note that the desired outcome must be permissible within the procedure that you are seeking a review of.

2E. Please list below any original documentary evidence that you are attaching in support of your request:

If you are unable to supply evidence with your form, please provide this within 14 calendar days of the submission of your Final Review Request Form.

Please note, your request may not be considered unless relevant evidence is provided.

3. DECLARATION TO BE SIGNED BY STUDENT

I declare that the information given in this Final Review Request Form is a true statement of the facts and that I would be willing, if required, to answer further questions related to it.

I also acknowledge that, in accordance with i) the University's Student Privacy Notice, ii) the GDPR and iii) the Data Protection Act 2018, this form will be held on file by the Director of Student & Academic Services.

Signed:

Date:

4. SUBMITTING YOUR FORM

Once you have filled out all the relevant sections on the form, please **SAVE A COPY** using your family name and student ID number as the file name e.g. MOHAMMAD 000123456.

Email the saved copy of the form to the Executive Office at finalreview@greenwich.ac.uk. **Please ensure you keep a copy for your own records.**