**Appeal against the Decision on De-registration**

|  |
| --- |
| The appellant should read the following notes before completing this form: |
|  | This form is only applicable to appeals by students on taught programmes leading to PolyU awards. It is not applicable to students on research programmes. |
|  | This form is for use by students lodging an appeal against the decision on **de-registration.** Students appealing against subject results or overall results other than de-registration (such as appeal against award classification) should follow the prevailing procedures governing appeals against these categories of decisions as stipulated in the Student Handbook.  |
|  | Please complete Sections I and II of this form. The completed form should be returned together with relevant documentary proof to the General Office of the Department hosting the programme/award (or to the Faculty Office if the programme/award is hosted by the Faculty). Students on Broad Discipline programme should also return their form to the Faculty Office within **one Calendar Week** from the official announcement of the overall results, i.e. the date when the results are announced to students via the web.  |
|  | Students should submit the original copies of the documents for verification by the Department. For students who submit the appeal application via email, they should send the original copies to the Department within one calendar week after the submission. If students fail to do so, the appeal application will not be processed. |
|  | Students appealing against the decision on de-registration must pay a fee of HK$125. Payment forms are obtainable from the Academic Registry Service Centre (M101, Li Ka Shing Tower). Softcopies of the payment form can also be sent to students via email by their programme offering departments or the Academic Registry upon request. This fee will be refunded if the appeal is upheld. |
|  | Applications without any of the following will not be processed:1. a copy of the official receipt of the appeal fee;
2. a detailed account of the grounds for the appeal;
3. supporting evidence such as medical certificates or other supporting documentation from relevant organizations.
 |
|  | The following may constitute grounds for appeal against the de-registration decision: * If a student has evidence to support that his/her examination performance has been adversely affected by factors beyond his/her control (extenuating circumstances such as illness, family mishaps, bereavement) or;
* If there is evidence of a procedural/administrative error or irregularities.
 |
|  | A student’s disagreement with the decision of the BoE is not, in itself, an adequate ground for appeal. |
|  | The appeal by the students will be considered by the Academic Appeals Committee of the University, which will deliberate the appeal cases, taking into account the recommendations of the programme-hosting Department/Faculty and the Faculty Dean/School Board Chairman. The decisions of the Academic Appeals Committee are final within the University. When submitting the appeal form, the appellant is responsible for providing the Academic Appeals Committee with full details and evidence that support his/her appeal.  |
|  | The University reserves the right NOT to accept submissions of appeal applications or additional documents associated with an appeal application after the stipulated deadline. |
|  | The University reserves the right to verify the evidence submitted by students, and verification with the issuing authority may be conducted. If it is found that false evidence has been provided, the students concerned will be subject to disciplinary action(s). |

**I. PARTICULARS OF STUDENT**

| Name:  |  |  Student No. |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

 Programme Stream

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Programme Title: |  |  |  |  |  |  |  | \_ |  |  |  |

|  |  |
| --- | --- |
| Department: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Day-time Contact Number: |  | Email Address: |  |

**II. APPLICATION DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic year:** |  | **Semester:** |  1 / 2 / 3 |

Please tick the relevant box(es) below:

|  |
| --- |
| **Grounds for Appeal:** |
| [ ]  Medical ground[ ]  Family mishap[ ]  Procedural/administrative errors or irregularities relating to marking and regulations. [ ]  Others (Please specify. Examples are given in Note 7): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **A Full Account of Grounds for Appeal (please use additional sheets if necessary):**  |
|  |

**Supporting Document(s):**

I have attached the following supporting document(s) [please tick the box(es) as appropriate]

|  |
| --- |
| [ ]  A copy of the official receipt of the appeal fee  |
| [ ]  Official Medical Certificate(s) (on clinic/hospital letterhead, including the diagnosis, doctor's name, contact details, signature and stamp). Other additional information, such as payment receipts or discharge letters, can also be provided if available. |
| [ ]  Supporting letter from Counsellor / Social Worker / Relevant Authority or Professionals |
| [ ]  Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Other Information** [please tick the box(es) as appropriate]**:**[ ]  I understand that a **full set of** supporting documents must be submitted together with this form, and that the University reserves the right to verify the evidence I have submitted, and verification with the issuing authority may be conducted. I acknowledge my responsibility to provide the Academic Appeals Committee with complete details and evidence that support my appeal.  |
| [ ]  I understand that if I fail to submit the **original copies** of the supporting documents for verification by the University, my appeal application will not be processed.  |
| [ ]  I \*have/have not met the Counsellor from the Counselling and Wellness Section (CWS) of the Student Affairs Office (SAO). (Please fill in the following if you have met a Counsellor from CWS, SAO)

|  |  |
| --- | --- |
| Name of counsellor(s): |  |
| Date(s) of counselling session(s): |  |

[ ]  I authorize the above Counsellor(s) to release relevant information about myself to my Department/School/ Faculty and Academic Appeals Committee, when necessary.[ ]  I have also submitted appeal(s) against subject result(s) in this semester.[ ]  I attach my study plan for your reference. |
|  |
| Signature of student: |  | Date: |  |

*\* delete as appropriate*