

STUDENT ID NUMBER


FNU FIJI NATIONAL UNIVERSITY

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 Website: www.fnu.ac.fj
SAS 07B

APPEAL: RECONSIDERATION OF ASSESSMENT

This application is lodged with the College Academic Appeals Committee (CAAC) if dissatisfied with the outcome of the re-consideration of assessment/grade

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate

A PERSONAL DETAILS

Surname : _____ Other Name(s) : _____ First Name : _____ Date of Birth : _____ <div style="text-align: center; font-size: small;">(DD/MM/YY)</div>	Email Address(es) Work : _____ Personal : _____ Phone Contact(s) Work : _____ Home : _____ Mobile : _____ Postal Address : _____ _____
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B APPEAL DETAILS

Year: _____ Block Number: _____ Summester Month: _____

Semester

1	2
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Trimester

1	2	3
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Quarter

1	2	3	4
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Penster

1	2	3	4	5
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 College : _____
 Campus/Centre : _____
 Programme enrolled in : _____

Major 1: _____ Major 2: _____ Minor : _____

Unit / Course Code: _____ Unit / Course Name: _____

Appeal Result/Grade: _____	Date: _____ <div style="text-align: center; font-size: small;">(DD/MM/YY)</div>	Level: _____	Stage: _____
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 Student Signature

 Date (DD/YY/MM)

C FOR OFFICIAL USE ONLY
STUDENT ACADEMIC SERVICES

Exams Office: _____	Date Received: _____ <div style="text-align: center; font-size: small;">(DD/MM/YY)</div>	Stamp: _____
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COLLEGE ACADEMIC APPEALS COMMITTEE

Rep Signature: _____	Date Received: _____ <div style="text-align: center; font-size: small;">(DD/MM/YY)</div>	Stamp: _____
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Comments:

College Academic Appeals Committee Decision:

Chair of Appeals Committee: _____	Date: _____ <div style="text-align: center; font-size: small;">(DD/MM/YY)</div>	Stamp: _____
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 Student advised of the appeal outcome

Signature: _____	Date: _____ <div style="text-align: center; font-size: small;">(DD/MM/YY)</div>	Stamp: _____
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