Appeals Form

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| **Name of candidate** |   |
| **RCPath Candidate Number** |  |
| **Name of examination**  |  |
| **Date of examination****(if known)** |  |
| **Grounds for appeal (delete as appropriate)** | The decision was biased or discriminatory/ There was a substantial procedural irregularity |
| **Reason for appeal**Please describe the reason for your appeal in as much detail as possible, taking the grounds for appeal into consideration. Appeals that do not fall under either of these criteria will not be considered and you are strongly advised to read through the appeals procedure before completing this form. Please note that appeals which challenge the academic judgement of the examiners will not be accepted and that papers will not be re-marked.Once completed, please send your appeal and any supporting evidence to the Examinations department via email to exams@rcpath.org. Once your appeal has been received and acknowledged by a member of the team, it may take up to one month for the Clinical Director of Examinations to consider your appeal. |
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| **Confidentiality**The information provided in this form, and any additional supporting information that you (the candidate) provide, will be held by the College’s Examinations Department in accordance with the Data Protection Act 2018. It will only be shared with members of a small advisory group if further discussion is required. |
| **Signed by candidate:** |  |
| **Date:** |  |