

## 16 -19 BURSARY AWARD - APPEAL FORM

Please complete this form only if you have received notification that you are not entitled to receive a Bursary Award payment, or have had a payment withheld and feel you have a valid reason to appeal the decision.

Completed forms should be forwarded to the Director of College, which will then be passed on to an independent member of the college Senior Management Team, who will reassess the original decision and advise you of the outcome, within 14 working days of the date submitted on this form.

**Student Surname:** \_\_\_\_\_ **Student Forename:** \_\_\_\_\_

**Course:** \_\_\_\_\_ **Tutor Group:** \_\_\_\_\_

**Student: Reason for complaint (please explain fully). Continue on a separate piece of paper if necessary and attach securely to this form:**

**Student Signature:**

**Date :**

**OFFICE USE ONLY:**

**Director of College: comments and findings:**

**Director of College Name: Mr Rob Syposz**

**Signed:**

**Date:**

**Independent School/College Manager: comments and decisions:**

**Name:**

**Signed:**

**Date:**

**OUTCOME OF APPEAL:**

**UPHELD / REJECTED**

**Reason for decision:**

**Signed:**

**Date:**