Final Formal Review (FFR) Request Form

Following a hearing by a Student Appeals Panel, Academic Misconduct Panel, Professional Requirements Committee or the outcome of a formal Complaint, an appeal submitted by the student against the formal decision may be allowed, this appeal is known as final Formal Review (FFR).

Please use this form to submit your request. Once completed, please submit this form with any appropriate documentation/evidence to [ffr@rvc.ac.uk](mailto:ffr@rvc.ac.uk).

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| **FFR Submission Date:** |  | |
| **Student’s Full Name:** |  | |
| **Student ID Number:** |  | |
| **Programme of Study:** |  | |
| **Which process outcome are you appealing?** |  | Professional Requirement Panel Outcome  Formal Complaint Outcome  Misconduct Panel Outcome  Academic Misconduct Outcome  Student Appeals Panel Outcome |
| **Please state the date you received the outcome** | *(Please note an FFR must be submitted within 14 calendar days of the outcome of notification to you of the previous decision).* | |
| **Attach previous outcome letter** | Please tick this box to confirm that you have attached your previous outcome letter with this form. | |

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| **Please identify the ground(s) under which you are requesting an FFR. Please tick any that apply and explain the grounds and reasons for requesting an FFR:**  *Please ensure your request is no more than 1500 words.* | | |
|  | There is **new evidence** that could not have been, or for good reason was not, made available at the time of the previous decision. | *Explanation* |
| *Please list your documented evidence in relation to this. This evidence should be attached to your request.* |
|  | Evidence can be produced of significant **procedural errors** made before or during the previous process. | *Explanation* |
| *Please list your documented evidence in relation to this. This evidence should be attached to your request.* |
|  | The remedy or outcome proposed by the previous decision was manifestly **unreasonable**. | *Explanation* |
| *Please list your documented evidence in relation to this. This evidence should be attached to your request.* |
| **Please state what resolution you are seeking:** | | |
|  | | |

**Office Use Only** – To be completed by the appointed assessor. Once you have completed the below, please return a copy to [ffr@rvc.ac.uk](mailto:ffr@rvc.ac.uk) before the stipulated deadline date.

|  |  |
| --- | --- |
| Assessor’s name |  |
| Assessors’ role |  |
| Please confirm you have no conflicts of interest with the appellant(s) |  |
| Date received |  |
| Deadline to complete the initial assessment |  |
| Previous outcome shared with assessor Y/N? |  |
| Summary of submitted grounds |  |
| Outcome of assessment | Case **has** allowable grounds  Case **does not** have allowable grounds |
| Rational to support the outcome of the assessment |  |