



## Mianz International College

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Tel: 3341545, 3341536

# STUDENT APPEAL FORM

### Your Personal Details

Full Name	<input type="text"/>		
Student Number	<input type="text"/>	National ID card Number	<input type="text"/>
Contact Number	<input type="text"/>	Email ID	<input type="text"/>

### Course Details

Course Name	<input type="text"/>	Batch Number	<input type="text"/>
Faculty	<input type="text"/>	Campus	<input type="text"/>
Module Name	<input type="text"/>		

### Appeal

Nature of Appeal      Tick appropriate box

Change of Grade	<input type="checkbox"/>	Advanced Standing	<input type="checkbox"/>
Request for Examination	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>

### Supporting Documents Attached

Medical Certificate	<input type="checkbox"/>
Academic review committee decision	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>

### Reason For Appeal

  
  


Note: Appeal must be lodged within 15 days of the decision. You may attach ONE additional page if you need more space to explain your reason for appeal.

### Declaration

Stamp

I declare that all the information given in this form are accurate and true. The College may verify information provided herein from appropriate sources.

Date	<input type="text"/>	Signature	<input type="text"/>
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### OFFICE USE ONLY

Received by:	Date:	Form complete: Yes / No	Appeal hearing date
Date Faculty notified:		Record amended by:	Letter reference: