

Appeal Request Form

If at any time you <u>disagree with any administrative decisions</u> regarding your Stratworth University course, you are welcome to file an appeal with the Appeals Committee. To do so, please complete this form thoroughly providing comprehensive explanations regarding your grounds for appeal within 5 working days from when the initial decision was communicated to you. Once received, the Appeals Committee will review your appeal and provide a decision within 10 working days.

Please note that the Appeals Committee will not entertain the filing of multiple appeals for the same case. In other words, you can only file one appeal per case of requested exception, accommodation or eligibility decision, therefore it is pertinent that you provide all relevant information in a comprehensive manner to aid the committee in assessing your appeal the best way possible. Finally, please note that all appeal decisions are final.

Appellant's Name:

Date of Request:

Course Name(s):

Please provide a comprehensive explanation of your reason for filing this appeal and what your expected outcome is. If the current section is insufficient, please utilize the next page if necessary. While supplementary material is not required please feel free to provide any supporting documentation that may aid or strengthen your appeal. It is important to declare within your appeal that the information provided does not include any high risk confidential information for instance credit card details, personal health

| ords, social security numbers or any information that may personally identify y ase review our privacy policies to see how we handle and protect your informat materials. | |
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This form has been reviewed, approved & authorized by:

Name: Prof. Dr. Lawrence Emeagwali

Position: Company Director

Date: December, 2024

Form Review Date: December, 2027