

Learner Appeal Application Form

Use this form to appeal against an assessment decision on a CPD course or professional training delivered by Masar University. Please read the Appeals Policy first and discuss the decision with your assessor. Return the completed form, with any supporting evidence, to info@masaruni.ae within 5 days of the assessment decision.

Related policy: Appeals Policy. An editable Word version of this form is on the policies page at masaruni.ae.

1. Learner details

Full name	
Email address	
Learner / student ID (if any)	
Course title	
Telephone (with country code)	

2. The decision you are appealing

Assessment or activity	
Date of the decision	
Date of your discussion with the assessor (Stage 1)	
Name of the assessor	

3. Grounds for appeal (tick all that apply)

- ☐ The assessor's decision differs from the Internal Quality Assurer's decision
- ☐ A reasonable adjustment or special consideration was refused, or was insufficient
- ☐ Inappropriate or irregular conduct by the assessor
- ☐ The outcome of a malpractice investigation
- ☐ A fault on the University's learning platform affected my assessment
- ☐ Other (please explain below)

4. Details of your appeal

Explain why you believe the decision should be changed. Refer to the evidence you are attaching.

5. Evidence attached

List each document or record you are attaching (for example screenshots, submission receipts, emails).

6. Outcome you are seeking

What would you like the University to do?

7. Declaration

I confirm that the information in this form is true and complete to the best of my knowledge, and I agree to Masar University using it to investigate my appeal in line with its Appeals Policy and Data Protection Policy.

Learner name	
Signature	
Date	

For office use only

Date received	
Reference number	
Internal Quality Assurer	
Decision	
Date decision sent to learner	