



STUDENT ACADEMIC SERVICES
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SPECIAL CONSIDERATION (APPEAL) FORM

PART A

Please **PRINT (WRITE IN CAPITAL LETTERS)** the required information clearly.
Section A & B must be completed by the student.

SECTION A: PERSONAL DETAILS			ID NUMBER:
TITLE:	FIRST NAME:	MIDDLE NAME:	LAST NAME:
FACULTY:		PROGRAMME:	
HEAD OF SCHOOL:		COORDINATOR:	

Section B: <i>Indicate with a tick your appeal</i>		
Appeal Type	Description	Tick
Grade Appeal	<i>You want to appeal for the reconsideration of your grade</i>	
Redo Grade Appeal	<i>You want to enquire for your redo grade</i>	

Others; please specify: _____

Unit Grade Appealed: _____ Semester: _____ Year: _____

Note: For **special consideration** will have to be forwarded to Faculty Examination Board for further deliberations. Please proceed to Part B/page 3 of this form.

Student Comment: Briefly describe why do you want to make the appeal.

Sign: _____

Date: _____

SECTION C

Dean Comment

Sign: _____

Date: _____

HOS/Coordinator/Lecturers Comments

Sign: _____

Date: _____

Dean Approval/Disapproval

Approved: _____

Disapproval: _____

Comment (if required):

Sign: _____

Date: _____

Registrar's Comment

Sign: _____

Date: _____

SAS Comments

Sign: _____

Date: _____

PART B: SPECIAL CONSIDERATION

A. CHECK LIST

Student make sure to have the following and submit to be submitted to Faculty Examination Board:

- 1. Application letter of appeal*
- 2. Evidences to support the appeal (e.g. police report, death notice or certificate, statutory declaration or a written document*

B. CHAIRPERSON OF THE FACULTY EXAMINATION BOARD COMMENT:

Sign: _____

Date: _____

C. FACULTY ACADEMIC COMMITTEE DECISION (IF REQUIRED)

Sign: _____

Date: _____

D. REGISTRAR'S COMMENT

Sign: _____

Date: _____

E. SAS COMMENT

Sign: _____

Date: _____