

**Bursary Appeals Application Form 26/27**

**Request for the Review of a Decision**

**Application Form - Guidance**

- The information provided within this form will be used to decide whether your request for a review of a decision made on behalf of the College should be considered further.
- No letter of appeal is required – this Application Form should provide all the information in relation to your request for a review.
- Forms can be submitted via email only and **MUST** be emailed to Daniel.franklin@copc.ac.uk & Hayley.buckland@copc.ac.uk
- When submitting the appeal, please ensure that you attach any documentary evidence.
- You should complete all relevant sections as any omissions may result in a delay with your application being processed

**1. Personal details**

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Student number</b>	
<b>Home Address</b>	
<b>Telephone number</b> (please provide the best number to contact you on)	
<b>Email address</b>	
<b>Campus of study</b>	

**2. Course information**

<b>Course name</b>	
<b>Course study type</b> e.g. Full time / Part time	
<b>Course start date</b>	

**3. Please indicate below the outcome received**

Household income exceeds our maximum threshold

Travel: you live less than 2 miles away from the college

Essential costs: there are no essential costs recorded for your course

Attendance: your attendance is below the required percentage for bursary

Other: (please indicate) \_\_\_\_\_

**4. Grounds for appeal**

**Please outline the grounds under which you feel that the decision needs to be reconsidered** (e.g. I have added my working income and universal credits together and my household income is below the required threshold) **and the outcome you are expecting from this appeal.**

**It is important that you provide as much information as possible.**

**What evidence have you attached to support this?**

**5. Declaration**

**I declare that the information provided on this form and accompanying documentation is correct to the best of my knowledge. I give consent that information contained in my application can be disclosed to those parties involved in my case. I also understand that anonymised data from this application will be used for statistical reports of the College and all information provided in this form and accompanying documentation will be used in compliance with the Data Protection Act 1998. I confirm that I have read the Academic Appeals Regulations.**

**Signed:**



**City of  
Portsmouth  
College**

Date:

--	--