**Sheffield Occupational Health Service**

**Sheffield Hallam University**

**Medical outcome appeal request**

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| --- |
| STUDENT DETAILS: |
| Name of student |  |
| Date of birth |  |
| Course title |  |
| Date appeal lodged |  |
| Supported by (SHU) |  |

**Grounds for appeal**

|  |  |
| --- | --- |
|  | Tick as appropriate |
| Additional evidence previously not available  |  |
| Irregularity in process |  |
| Proportionality of the decision |  |
| Evidence of discrimination or bias |  |
| Factual inaccuracies |  |

**Please provide details of the grounds for appeal**

**List of evidence**

**Signed ……………………………….… (student) Date ………………………………**

**Print name ……………………………..**