SMSS Review and Appeal Form – Stage 1

Before completing this form, please ensure that you have read the *SMSS Appeals Procedure* carefully. Once completed, the form and supporting evidence should be returned to [outreach@lancaster.ac.uk](mailto:outreach@lancaster.ac.uk), clearly marked ‘OSS Appeals’ in the subject line.

**PLEASE NOTE: This Appeals Form is to be completed in relation to Social Mobility and Student Success activities. It is not to be used by current LU students to appeal University decisions relating to academic, student experience or disciplinary matters. For more information, please visit the LU website:** [Student complaints and appeals | ASK - Lancaster University](https://portal.lancaster.ac.uk/ask/complaints-appeals/)

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| --- | --- |
| **Contact details** | |
| **First name:** |  |
| **Surname:** |  |
| **School** (*where applicable*)**:** |  |
| **University year of study** *(where applicable)****:*** |  |
| **Name of Social Mobility and Student Success activity:** |  |
| **E-mail address:** |  |
| **Contact telephone number:** |  |

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| **Please tick at least one box below to indicate on which grounds you are appealing a decision:** |
| SMSS policies and procedures have not been followed correctly.   There is new information or evidence of a change in circumstances that has not been taken into consideration as part of the original decision-making process.   There is evidence that a decision has been made unfairly. |
| **Please list the supporting documentation/evidence submitted with this form:** |
|  |
| **Detail of the appeal** |
| **You may want to consider/include the following details:**   * *The grounds of your Stage 1 appeal and the impact of this situation* * *The date of when the situation occurred* * *The specific activity or project (where applicable)* * *Who was involved (if known)* * *Explanation of supporting evidence* * *Details of any expected resolution i.e. the desired outcome* * *Any other relevant information* |
| **Please confirm the status of your Stage 1 appeal by ticking the relevant box in the table below.**   |  |  |  | | --- | --- | --- | |  | **YES** | **NO** | | I am submitting my own Stage 1 Appeal Form. |  | *Please select one of the options below.* | | I am the parent/guardian of the young person and I have permission to submit this appeal on their behalf. |  |  | | I represent an LU student, internal department or external organisation and I have permission to submit an appeal on behalf of the LU student, internal department or external organisation. |  |  |   *If you selected ‘no,’ please ensure that you have sort permission before submitting the Stage 1 appeal.* |
| **Please note: The University reserves the right to confirm that you have permission to submit a Stage 1 appeal on behalf of a student, internal department or external organisation.** |
| Name of student, internal department or other external organisation: *If applicable*  Relationship to you: *If applicable* |

**General Data Protection Regulation (GDPR)**

The University will process your personal data in accordance with General Data Protection Regulations (GPPR). The Social Mobility and Student Success (SMSS) team will take all appeals seriously and will handle personal information in confidence. Data collected via the *SMSS Review and Appeals Form – Stage 1* will be used for the sole purpose of processing, investigating and resolving the appeal. This information will be held in shared files (password protected) on Lancaster University servers, only as long as is necessary, for a maximum of 10 years, as per Lancaster University’s Data Retention Schedule.

|  |  |
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| **Signature** | **Date** |
|  |  |

**Stage 1 decision/outcome**

|  |  |
| --- | --- |
| **FOR INTERNAL USE ONLY** | |
| **First name:** |  |
| **Surname:** |  |
| **Job title:** |  |
| **Stage 1 outcome:** | Please provide an overview of any decision/action to be taken following the Stage 1 appeal. |
| **Signature:** |  |
| **Date:** |  |