University College Dublin Applicant Appeals form

Section 1: Applicant's Information

Name:		
Address:		
UCD Student/		
Application Id:		
Phone Number:		
Email:		
Section 2: A 2a Grounds for the section 2: A		
Incorrect process;	specific evidence of irregularity in the University Applications	
assessment process		
Specified/stated grounds where the University's decision was based on misinterpretation of data or information provided as part of the application process		
	g statement details or documentation in support of your appeal base have indicated above)	ed on

Section 3: Declaration and Authorisation

All information provided in this application is accurate, true and correct. I understand that should any of the particulars furnished in this application be found to be false or inaccurate in a material particular, action will be taken to withdraw my appeal and disciplinary action may be initiated. I also authorise the Appeals Committee to verify the authenticity of any and all documents provided in relation to this appeal.

Name (block capitals):		
Signature:		
Signaturer		
Date:		
•		

Your appeal should be sent to the Director of Admissions and Enrolment Planning, Tierney Building, UCD Belfield, Dublin 4