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| **Research Misconduct Appeal Form** |  |

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| General Information | | | | |
| Surname/Family Name |  | | | |
| First Name(s) |  | | | |
| Student ID Number |  | | | |
| School | Select your School | | | |
| Course | Select your degree | | | |
| Have you sought advice from the Students’ Union Advice Centre when completing this form? | | Yes | No | Prefer not to say |
| Have you read the [Regulations and Procedure for Research Misconduct](https://www.hud.ac.uk/registry/current-students/pgr/pgr-res-conduct/)? | | Yes | No |  |

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| Appeal Overview |
| Please indicate which decision you are appealing: |
| Stage 1: Internal examiner / Supervisor investigation  Stage 2: School-level investigation  Stage 3: University Research Misconduct Panel |
| Please specify below what you would like the outcome of your appeal to be. The box will expand as you type. |
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| Date | |
| Please specify the date that on which you received your research misconduct outcome | Select date |
| If your appeal is being submitted after the deadline (10 working days from the date you received the research misconduct outcome that you are appealing), you will need to explain why and provide independent evidence to demonstrate good reason why your appeal is late. | |

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| Grounds for Appeal | |
| For your appeal to be considered, you must select one or more of the following grounds and provide independent evidence to support your claim(s): | |
|  | You can demonstrate that a material irregularity has occurred during the procedure. |
|  | You can demonstrate that the decision maker(s) reached an unreasonable decision and/or the penalty was disproportionate. |
|  | You have extenuating circumstances which can be independently evidenced, which – for good reason – you could not tell us about before the decision was made. |
|  | There was a bias or a reasonable perception of bias in the procedure. |

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| Details | |
| Please give full details of your case, in chronological order, in the box below. Please include details of all of the issues that occurred, when and how they impacted on you and, if appropriate, why you were unable to disclose this information during earlier procedures. The boxes will expand as you type. | |
| Date(s) | Details |
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| Evidence |
| Please list below all of the documents that you are submitting in support of your appeal. Please submit this evidence as a separate document/s to the appeal form. |
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| Declaration | | | |
| Please ensure that you have completed all relevant sections of this form.  Failure to complete this form correctly and submit evidence promptly may delay the processing of your appeal and could mean that it is rejected | | | |
| Signed: |  | Date: | Select date |

Please note that we are able to accept electronic signatures, you are not required to print, sign and scan your appeal form.

Please submit your completed form by email, with your evidence attached, to [RegistryResearch@hud.ac.uk](mailto:RegistryResearch@hud.ac.uk).