

## **Assessment Offences Appeals Form**

Name:		
Address:		
Student Number:		
Candidate Number:		
Email address:		
Telephone number:		
Examination:		
Examination date(s):		
Equality Act 2010	pias, prejudice or discrimination as defined by the UK received by the Assessment Offences Assessor had not	
	a substantial procedural irregularity with respect to an	
	of the investigation and/or determination of outcome	
Dia a a a a a a a a a a a a a a a a a a		
Please summarise ye	our appeal (use additional sheets where necessary):	

List all documents/evidence appended in support of this appeal:						
DECLARATION						
enclosepayment as	nave read and accept the Assessment Offences Policy and Process. I required, and understand that if my appeal is not successful the fee will thermore, I understand that disagreeing with an academic judgement prounds for appeal.					
SIGNATURE:						
SIGNATURE.						
PRINT NAME:						
DATE:						
A fee is payable an	d must accompany this form:					
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1. Assessment Offe	ences outcome appeal					
Cheques should	be made payable to					
С	IPFA					
Please return to the Assessment and Compliance team at qualitycompliance@cipfa.org						



## Policy version and owner

Policy owner	cy owner Head of Qualifications & Membership	
Version	1.2	
Update	September 2023	
Approval	SMB 05 September 2023	
Policy review date	September 2024	

## Regulatory references

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Ofdual	General	Conditions	of Reco	anition

Condition A6: Identification and management of risks

Condition A7: Management of incidents

Condition A8: Malpractice and maladministration