**School of Biological Sciences**

**C7 Student Response**

Please complete all fields below:

|  |  |
| --- | --- |
| **Student ID Number** |  |
| **Surname** |  |
| **First Name** |  |
| **Course you received C7 from** |  |
| **Date you received notification of C7 from registry** | Click or tap to enter a date. |
| **Your University email address** |  |

Please explain, giving as much detail as possible, why you wish to appeal the decision to refuse you a class certificate for the course named above:



Please now save a copy of this form and email it as an attachment to [sbsteaching@abdn.ac.uk](mailto:sbsteaching@abdn.ac.uk). If you have a medical note from your doctor explaining your continuous absence, then please also include a copy of it in your email. If more information is required from you the SBS admin team will be in touch via email.

**For Staff Use Only Date Received:** Click or tap to enter a date.

Medical note attached? Choose an item.

Date Sent to Head of School: Click or tap to enter a date.

Decision: Choose an item.

Date Student Notified of Decision: Click or tap to enter a date.