

Request for Review Form (Qualification Exclusion)

(Please note: ~~Must~~ be returned by 12 noon on Friday 19 January 2024)

Ingoa Name:	
E u l } v P n Student ID Number:	d } Z μ D š μ Œ v P n Qualification, e.g. BSc:
d l μ % % Œ Z μ] n Excluded from:	
<p>x Wo • } μ š o] v š Z • %] o] Œ μ u • š v • Ç } v Ç } μ Œ } v š Œ } o Á Z] Z š u % } Œ</p> <p>x o • } U % o • • š š Á Z š Z Œ Ç } μ Œ • %] o] Œ μ u • š v • ~ • μ Z •] o o v • • } Œ</p> <p>š l v š } Œ • } o Á š Z • %] o] Œ μ u • š v • U v • %] (Ç v Ç š } } v • Ç } μ Œ š</p> <p>x Wo • Æ % o] v Á Z Ç Ç } μ] v } š % % o Ç (} Œ ^ %] o } v •] Œ š } } v š š Z \$] u</p>	
<p>x / (Œ < μ] Œ U Á } μ o Ç } μ o] l š } š š v Œ À] Á } (Ç } μ Œ Æ o μ • } } v MES NO</p> <p>x / (Ç • U Œ Ç } μ o š } š š v Œ À] Á } μ } v Thursday 2 YES NO</p> <p>x / (Ç } μ Á] • Z š } š š, v μ š] v Œ % Œ • } v š } } • } } v š Z] • š U % o • Á] • μ • • } š Z</p> <p>might be considered:</p> <p>.....</p> <p>Note: You may bring an advocate and a support person to this meeting if you wish.</p> <p>x Would you like to be referred to UCSA Welfare & Advocacy for advocacy or support? YES NO</p>	
d Z n Date:	Waitohu Signature:

Send your completed form to:

u] Y μ Assurance Unit

/ u \$ Œ Email: academicprogress@canterbury.ac.nz

Please note: