

# **Appealing Your Grant Decision Form**

Notice of Appeal to the Student Universal Support Ireland (SUSI) Appeals Officer.

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of 4)	) in the	academic y	year.					

Appeals must be submitted within 30 days of receipt of the decision from SUSI.
 The deadline for submission of your Notice of Appeal and relevant accompanying documentation may be extended by a further 30 days only if the Appeals Officer is satisfied that the person appealing has given reasonable cause to extend.

The following form must be completed in Block Capitals, in full and signed by the student who made the grant application. Please note:

- In Section 4 you must outline the grounds on which you feel SUSI applied the terms and conditions of the relevant grant scheme incorrectly in your case.
- Any relevant documents must be attached to this Appeal Form.
- Your envelope should be clearly marked 'Notice of Appeal SUSI Appeals Officer'
- You should obtain and retain Proof of Postage for your Notice of Appeal.

This form and any documents you wish to have considered in support of your appeal should be sent to:

SUSI Appeals Officer Student Universal Support Ireland P.O. Box 869 Little Island Cork.

Student Support Desk Phone Number: 0818 888 777



### **Notice of Appeal Form**

The role of the SUSI Appeals Officer in examining an appeal is solely to determine whether the awarding authority has applied the terms and conditions of the Student Grant Scheme correctly in your case. It is important to note that it is not open to the Appeals Officer to depart from the terms and conditions of the Student Grant Scheme in an individual case, regardless of circumstances.

### **Section 1 Personal Details**

SUSI Applicant No.					
SUSI Applicant Nan	ne				
Address					
L					
PPS Number		Date of Birth			
Home Phone Number		Mobile Number			
Email Address					
G 11 2.D 1.4					
Section 2 Personal A	ippeai Extensio	n			
I am appealing with	in 30 days of re	eceipt of notification of the	ne outcome of my		
application					
Yes ( ) No (	$\overline{}$				
163					
If you have ticked "	No" to the abov	re nlease state grounds	for requesting an		
If you have ticked "No" to the above, please state grounds for requesting an extension.					



### **Section 3 Course Details**

Full Name of College	
Full Address of College	
Title of Course	
Date of receipt of SUSI decision	

## **Section 4 Grounds of Appeal**

I was deemed to be ineligible for a student grant on the basis of: (please tick all the relevant items which apply to your application)

Academic Attainment	Nationality
Course not Approved	Progression
In Receipt of BTEA	Residence
Maximum period of Study exceeded	Special Rate of Grant
Income (Means)	Late/Insufficient Documents
Adjacency/Non-Adjacency	Class
Other (please specify)	

Please set out below, in full, the grounds of your appeal. These are the grounds on which you feel SUSI applied the terms and conditions of the grant scheme incorrectly in your case. You must also attach any relevant documents you wish to have considered. If you do not have sufficient space below to set out all the details, please use a separate sheet of paper and attach securely to this form. Please write your application reference number on any additional pages submitted.



# **GROUNDS OF APPEAL** (Please complete this area in BLOCK CAPITALS or attach a separate typed letter)



# GROUNDS OF APPEAL (continued) (Please complete this area in BLOCK CAPITALS or attach a separate typed letter)

### Checklist

- Have you fully completed all sections of the Notice of Appeal Form?
- Have you signed and dated the Notice of Appeal Form?
- Have you fully outlined your grounds for appeal and stated all the facts you wish to have considered in Section 4 of the Notice of Appeal Form?

Print Name	
Signature	
Date	