



WESTERN CAPE COLLEGE OF NURSING
Application to the WCCN Senate; Appeal Academic exclusion

(Please print / type)

DATE: _____
APPLICANT: _____
STUDENT NO: _____
YEAR OF STUDY: _____
COURSE: _____
LECTURER/HOD: _____

SUMMARY OF THE REASON FOR THE APPEAL

I AM WRITING TO YOU WITH REGARDS TO: (State your issue)

THE GROUNDS ON WHICH I WISH TO APPEAL ARE: Give a detailed reason, include dates, times, names and any corresponding policies, acts and regulations. You may add evidence such as the documents described in the assessment policy to appeal against the exclusions based on the WCCN Assessment policy.

I HAVE MADE THE FOLLOWING ARRANGEMENTS TO ENSURE SUCCESSFUL COMPLETION OF MY STUDIES.
Describe the measures or strategies you as the appellant have put in place to ensure future success, and prevent a recurrence of your current situation.

Therefore I am requesting your reconsideration of this issue. If there is any additional information I could provide to you that would expedite this matter, please feel free to contact me. Thank you for your time and consideration of this matter.

Sincerely

FULL NAMES AND STUDENT NUMBER: _____

SIGNATURE: _____