**NOMINATION OF A THIRD PARTY REPRESENTATIVE 2024-25**

**(ACADEMIC APPEAL)**

It is preferable for students to handle their own appeals, however, you may appoint a representative e.g. a Students' Union representative, friend or family member provided you give us written authority by completing this form and returning it to the same designated submission point that you submitted your appeal application form to. This may either be as uploaded evidence via OSIS or via email to [Academicregistry@kingston.ac.uk](mailto:Academicregistry@kingston.ac.uk)

There may be a variety of reasons why you may want to nominate a third party representative, for example if you have difficulty dealing with large amounts of documentation.

You will need to ensure your representative knows all about your appeal submission, is willing to represent you, and can keep you fully informed, as we will only correspond with your representative once you have appointed him or her; we will not correspond with you as well.

Changes to nominated representatives should only take place in exceptional circumstances. If you need to change your representative while we are looking at your appeal you will need to inform us of this in writing.

If your representative is filling in your appeal submission for you, you will need to read through the entries and you must sign the declaration section of the form yourself. We cannot accept an appeal form signed by someone else on your behalf.

A copy of the final outcome to your appeal will be automatically sent to **you** through the online OSIS system **and to your representative**. If there is any reason why you do not wish to receive the outcome yourself, please state clearly below.

|  |
| --- |
| **DETAILS OF THIRD PARTY REPRESENTATIVE** |

|  |  |
| --- | --- |
| **Surname (Family name)** |  |
| **Forename(s)** |  |
| **Representative’s relationship to you** |  |
| **Representative’s postal address** |  |
| **Representative’s daytime telephone number(s)** |  |
| **Representative’s email address** |  |
| **Does your representative have a disability that requires any reasonable adjustments – such as a preferred method of communication?** | |
|  | |

Please tick this box if **you do not** want to receive your appeal outcome and would only like it to be sent to your third party nominee

I hereby confirm that my nominated representative has agreed to represent me in all matters relating to my academic appeal to the University.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |