

Appeal Form

If your application has been refused and you don't agree with the results, you can decide to lodge an appeal. The purpose of the appeal is to verify that the procedure has been applied correctly and in accordance with the principles communicated to the applicant and that no error has been made while evaluating the application.

This form is to be completed under the [MaMaSELF Appeal procedure](#). The appeal form and the attached document(s) have to be sent by email at: philippe.rabiller@univ-rennes.fr, using a single compressed archive (e.g. ".zip" file), named with the following format:

LASTNAME_Firstname_application-ID-number_Appeal_2025.zip

1. Personal details

Application ID Number	
Last Name	
First Name	
Nationality	
Date of Birth	
e-mail	

2. Appeal details

2.1 Name of the Masters Course: __ MaMaSELF² __ Year of application: __ 2025 __

2.2 Description of the decision appealed: Selection Grant awarding

2.4 Date of notification of decision (dd/mm/yyyy): ____/____/____

2.3 Reasons for appeal:

2.4 Documents attached in order to support the appeal (if applicable):

1. _____
2. _____
3. _____
4. _____

3. **Declaration**

I declare that

- I have been informed by the Mamaself Consortium about the appeal procedure and terms.
- I understand that I should complete and return this Appeal form to the Mamaself coordinator no later than 10 calendar days from the date I received my notice of decision, otherwise my appeal will be rejected.
- I know that my Appeal form must be completed in English. If I have documents supporting my appeal I should send these attached to the Appeal form, and they must be in English or accompanied by a certified translation.
- I understand that once the coordinator receives the appeal, he will engage with the Selection Committee to process my appeal.
- I know that within 21 working days from the received appeals, the Appeals Board decision will be sent via e-mail to the applicant stating the outcome of the appeal and the reasons for rejecting/accepting it.
- I'm aware that the decision given by the Mamaself Selection Committee after examination of the appeal is final and not subject to further appeals.
- I confirm that the information given in this form is true, and that I would be willing to answer further questions relating to it if necessary.

Signature: _____

Date (day/month/year): _____