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 Appeals procedure and should be sent to the Mamaself Coordinator at email: philippe.rabiller@univ-rennes1.fr

Notice of Appeal

1. Personal details

Last Name

Final	Name			
Date	of Birth			
Natio	nality			
e-ma	il		Student Number	
2.	<u>Appea</u>	<u>l details</u>		
2.1	Name of	the Masters Course:		
	Year of a	oplication:		
2.2	Description	on of the decision appealed:		
2.4	Date of n	otification of decision (dd/mm/yyyy):		
2.3	Reasons	or appeal:		

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 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 7 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 Comittee 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.
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Signature:
Date (day/month/year):