



MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY

Academic Queries and Appeals Form

This form should be completed for a single module in **BLOCK LETTERS** and returned to the Vice-Chancellor **through the Assistant Registrar's office** together with proof of payment of appeal fees **for remark fee per subject** and any other relevant attachments to support your claim for grade adjustment/correction.

An appeal is a request from a student that a decision of Senate on his assessment of grades should be reviewed because it is suspected that a mistake might have occurred

For Official Use

Serial No.:

Receipt No.:

A Separate form should be filled for each course to be considered

THE DEADLINE FOR SUBMISSION OF ALL ACADEMIC APPEALS FOR CONSIDERATION IS WEDNESDAY, 31TH JULY, 2024. LATE SUBMISSIONS WILL BE REJECTED.

A. Points to note

1. This form should **only** be completed to request consideration of your assessment grade in a course/module by the Examiner/Academic Appeals Committee. **A separate form should be completed, and a separate fee should be paid for each course/module being appealed/queried.**
2. Guidance on how to complete this form should be sought from the Assistant Registrar's Office.
3. **The Assistant Registrar's Office shall issue formal communication on the outcome of this appeal request/academic query in writing, indicating the new academic status of the student following the appeal/query.**

B. Personal Details - To be completed by the appealing student

Full Name:	Reg No.:	
Programme of study:	Year of Study:	
Contact Address:		
Email Address:	Cell:	Tel:

C. Appeal details - To be completed by the appealing student

Nature of request (tick only one)	Request for a remark <input type="checkbox"/> (FEE - MWK5,000.00)	Correction of an error in <input type="checkbox"/> uploaded grade (free)	Request to upload a <input type="checkbox"/> missing grade (free)
Module Code:	Module Name:		
Provide reasons to justify your request (<i>continue on an additional sheet if necessary or include copies of relevant documents to support your appeal</i>): _____			

MUST Academic Appeals Form

Malawi University of Science and Technology, P.O. Box 5196, Limbe. Tel: 01 478 000 Email: registrar@must.ac.mw.
Bank: Standard Bank: Account Number 9100001063429, Branch: Limbe. Account Name: MUST Students Account

Declaration: I _____
 declare that the information given in this form is true and that I would be willing to answer further questions if it is necessary.

Signed: _____ **Date:** _____

D. Approvals on Appeal/Query request – The forward path from Vice-Chancellor (through the Deputy University Registrar’s Office) to School Director to Head of Department to Examiner/Independent Marker

University Registrar Recorded in the system and forwarded to the Director of the School where the course belongs for Processing	School Director Approved/Not Approved for the concerned department to proceed with the appeal/query resolution process	Head of Department Approved/Not Approved for his department to proceed with the appeal/query resolution process
Date:	Date:	Date:
Signature:	Signature:	Signature:

E. Appeal/Query feedback – To be completed by the Independent Marker/Examiner

Module Code	Module Name	Old Raw Grade			Raw Grade after Appeal		
		CW (40)	Exam (60)	Total (100)	CW (40)	Exam (60)	Total (100)

Comment by Independent Marker/Examiner: _____

Name: _____

Signed: _____ **Date:** _____

F. Approvals on Appeal/Query feedback – the backward path from Examiner/Independent Marker to Head of Department to School Director to Vice-Chancellor through the Deputy University Registrar’s Office

Approval by the Head of the Department as recommended in Section E above	Final approval by the School Director and confirmation of grade upload into the system as recommended in Section E above	Final approval by the Vice-Chancellor on behalf of the Senate to be made on system-generated report for the appealed course as recommended in Section E above	Deputy University Registrar confirmation of upload into the system and feedback to the student on the outcome of their request
Date	Date		Date
Signature	Signature		Signature

MUST Academic Appeals Form