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Date Received:

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REQUEST FOR ACADEMIC APPEAL FORM

INSTRUCTIONS:

Please complete all requested information. Explain the extenuating circumstances which you wish to have considered under the “Comments” section of this form. Please attach extra sheets to support your appeal if needed. Attach supporting documentation.

Surname: ..... First Name: .....

Learner ID: ..... Email: .....

Address: .....

Mobile Phone: .....

This appeal concerns the following modules:

Semester	Year	programme	Module	programme Manager's Name

Learner's Comments/Justifications: (Attach additional sheets if necessary)

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 .....  
 .....

For Office Use:

Comments of Director, Academic Affairs Division

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 .....

Signature: .....

Decision of Appeal Committee

- Approved                       Denied                       Pending

Signature: .....

Registrar

