# UKRI Covid-19 Phase 2 Doctoral Funding Extensions

# Student appeals process and request form

# Student appeals process

Once you have received the outcome of your UKRI Covid-19 Phase 2 Doctoral Funding Extensions application, you may find that you are dissatisfied with the decision and wish to appeal.

UKRI has advised that the University should allow appeals solely on the grounds that the University’s published applications and allocations processes have not been followed as stated in the University’s [Governance Plan](https://www.cam.ac.uk/sites/www.cam.ac.uk/files/inner-images/governance_plan_phase_2_doctoral_extension_funding_uoc.pdf). You may appeal on this basis only.

Appeals cannot be made by students who are ineligible to apply for the UKRI’s Covid-19 Phase 2 Doctoral Extensions Grant according to the eligibility criteria set out by the UKRI.

**How to make an appeal**

Please complete the appeals request form on the next page and submit it to: UKRICovid19extensions@admin.cam.ac.uk

Before completing the form you are encouraged to seek advice or support from your College, or the [Student Advice Service](https://www.cambridgesu.co.uk/support/advice/) or another source of advice/support.

**Deadline for making an appeal**

You should submit your appeal request form within **14 calendar days** of the date on your outcome notification.

**How an appeal will be reviewed**

Appeals will be considered by an independent member of Regent House who has not be involved in the UKRI Covid-19 Phase 2 Doctoral Funding Extensions decision-making process.

**Notification of the outcome of your appeal**

You will receive an email within 28 calendar days confirming the outcome of your appeal.

# UKRI Covid-19 Phase 2 Doctoral Funding Extensions

# Student appeals request form

**1. Complete your personal details**

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| --- | --- | --- | --- |
| **Surname/Family name:**  |  | **Title:** |  |
| **First/Given name(s):** |  |
| **Email/CRSid:** |  |
| **UKRI Research Council:** |  |
| **Current funding deadline:** |  |
| **Department/Faculty:** |  |

**2.** **Do you require reasonable adjustments to be made to this process or correspondence to be sent to an authorised representative because of your disability** (if yes, please provide details of the adjustments or authorised representative and evidence of your disability)?

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**3. Please set out clearly and concisely, the reasons for your appeal.**

Explain why you believe the University’s published applications and allocations processes have not been followed.

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**4. Please state what outcome you are hoping to obtain.**

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#### **5. Declaration**

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| I declare that the information I have given on this form is true, correct and complete, to the best of my knowledge. |
| **Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The University will only share the information submitted in an appeal request with members of staff where it is strictly necessary in order to process, investigate and consider the request for an appeal. All information received from the Appellant will be handled sensitively and in accordance with the University’s data protection statement: <https://www.information-compliance.admin.cam.ac.uk/data-protection/student-data>