



STUDENT ETHICS AND JUDICIAL SERVICES

SEJS/008/TF

Student Appeal Form

Case Number	
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Please note that you have to include all the information you wish the Student Disciplinary Appeals Committee to consider with this application and all necessary or relevant supporting documents. This is necessary as the appeals committee will decide on your appeal application based on the information and supporting documents you have submitted. The committee reserves a right to call any person including the appellant to appear before it for any further particulars/information in your appeal when the need arises in terms of section 7.9.1. of the Regulations for Student Discipline. The committee also reserves a right to hear the verbal representations of the appellant when the need arises in terms of section 7.9.2. of the Regulations for Student Discipline.

Please submit to: Student Appeal Disciplinary Committee, University of Johannesburg, Student Ethics and Judicial Services, E-Ring 315/318, APK Campus. You may email to: elsedas@uj.ac.za (011) 559-4574/4649.

Name: _____		Date: _____	
Student Number: _____		Faculty: _____	
Postal Address: _____			
Residential Address: _____			
Email Address: _____			
Tel. NO: _____		Cell NO: _____	
Programme/Course: _____			

[illegible]

Please state the grounds on which you would like to lodge your appeal:

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Please note the following powers vested on the Student Disciplinary Appeals Committee in relation to your appeal in terms of section 7.9. of the Regulations for Student Discipline:

- 7.9.3. confirm, reject or amend the verdict of the initial disciplinary body;**
- 7.9.4. impose a heavier or lesser penalty than that of the initial disciplinary body;**
- 7.9.5. may refer a student for counseling or any other remedial or rehabilitating action.**
- 7.10. The Student Disciplinary Appeals Committee may, at the request of a student and after consideration of the relevant information, order that a student’s transgression and verdict be removed from his/her student record.**

NB: (This form must be submitted within seven days after its receipt)

Signed: _____ **Date:** _____
APPELLANT

_____ This form must be signed and dated by the person wishing to appeal