



Appealing Your Grant Decision Form

Notice of Appeal to the Student Universal Support Ireland (SUSI) Appeals Officer.

My appeal relates to grant assistance to pursue year _____ of ____ (for example 1 of 4) in the _____ academic year.

- Appeals must be submitted **within 30 days** of receipt of the decision from SUSI. The deadline for submission of your Notice of Appeal and relevant accompanying documentation may be extended by a further 30 days only if the appeals officer is satisfied that the person appealing has given reasonable cause to extend.

The following form must be completed in Block Capitals, in full and signed by the student who made the grant application. Please note:

- In Section 4 you must outline the grounds on which you feel SUSI applied the terms and conditions of the relevant Grant Scheme incorrectly in your case.
- Any relevant documents must be attached to this Appeal Form.
- Your envelope should be clearly marked 'Notice of Appeal – SUSI Appeals Officer'
- You should obtain and retain Proof of Postage for your Notice of Appeal

This form and any documents you wish to have considered in support of your appeal should be sent to:

**SUSI Appeals Officer
Student Universal Support Ireland
P.O. Box 869
Togher
Cork.**

Support No: 0818 888 777



Notice of Appeal Form

The role of the SUSI Appeals Officer in examining an appeal is solely to determine whether the awarding authority has applied the terms and conditions of the Student Grant Scheme correctly in your case. It is important to note that it is not open to the Appeals Officer to depart from the terms and conditions of the Student Grant Scheme in an individual case, regardless of circumstances.

Section 1 Personal Details

SUSI Applicant No.	
SUSI Applicant Name	
Address	

PPS Number		Date of Birth	
Home Phone Number		Mobile Number	

Email Address

Section 2 Personal Appeal Extension

I am appealing within 30 days of receipt of notification of the outcome of my application

Yes	<input type="radio"/>	No	<input type="radio"/>
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If you have ticked "No" to the above, please state grounds for requesting an extension.

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Section 3 Course Details

Full Name of College	
Full Address of College	
Title of Course	

Date of receipt of SUSI decision	
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Section 4 Grounds of Appeal

I was deemed to be ineligible for a student grant on the basis of: (please tick all the relevant items which apply to your application)

<input type="radio"/> Academic Attainment	<input type="radio"/> Nationality
<input type="radio"/> Course not approved	<input type="radio"/> Progression
<input type="radio"/> In Receipt of BTEA	<input type="radio"/> Residence
<input type="radio"/> Maximum period of Study exceeded	<input type="radio"/> Special Rate of Grant
<input type="radio"/> Income (Means)	<input type="radio"/> Late/Insufficient Documents
<input type="radio"/> Adjacency/Non-Adjacency	<input type="radio"/> Class
<input type="radio"/> Other (please specify)	

Please set out below, in full, the grounds of your appeal. These are the grounds on which you feel SUSI applied the terms and conditions of the grant scheme incorrectly in your case. You must also attach any relevant documents you wish to have considered. If you do not have sufficient space below to set out all the details, please use a separate sheet of paper and attach securely to this form. Please write your application reference number on any additional pages submitted.



**GROUNDS OF APPEAL
 (Please complete this area in BLOCK CAPITALS)**



GROUNDS OF APPEAL (continued)
 (Please complete this area in BLOCK CAPITALS)

Large empty rectangular box for writing the grounds of appeal.

Checklist

- **Have you fully completed all sections of the Notice of Appeal Form?**
- **Have you signed and dated the Notice of Appeal Form?**
- **Have you fully outlined your grounds for appeal and stated all the facts you wish to have considered in Section 4 of the Notice of Appeal Form?**

Print Name
Signature
Date





