**COURSE OVERLOAD APPEAL FORM**



**University of Zambia**

**FORM FOR LODGING AN APPEAL FOR COURSE OVERLOAD**

**SECTION 1. STUDENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | Enter text | **Other name(s):** | Enter text |

|  |  |
| --- | --- |
| **Computer number:** | Enter text |

|  |  |
| --- | --- |
| **Date of submission:** | Enter text |

|  |  |  |  |
| --- | --- | --- | --- |
| **School:** | Enter text | **Department:** | Enter text |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Level of study:**   |  |  | | --- | --- | | Certificate |  | | Diploma |  | | Bachelor’s Degree |  | | **Mode of study:**   |  |  | | --- | --- | | Full-time |  | | Part-time |  | | Distance Learning |  | |  |  | |

|  |  |
| --- | --- |
| **Current year of study (e.g. 2nd, 3rd ):** | Click here to enter text. |

**Contact details for correspondence relating to your appeal (communication will be by email):**

|  |  |
| --- | --- |
| Email address: | Click here to enter text. |
| Postal address: | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| Telephone: | Click here to enter text. |

**SECTION 2. CONDITIONS FOR APPEAL FOR COURSE OVERLOAD**

**You may only appeal for course overload under the following conditions:**

[***click the relevant box***]:

1. **Compelling reasons or unavoidable circumstances**

Please note that if you select this box, you should complete **Section 3A**.

1. **Need to avoid part-time studies or to make up for delayed progress**

Please note that if you select this box, you should complete **Section 3B**.

**SECTION 3. DETAILS OF THE APPEAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Code:** | Enter text. | **Course start date (mm/yy):** | Click here to enter text. |

Use the relevant box(es) below to **explain in full** the conditions or circumstances on which your appeal is based:

1. Describe in detail the conditions or circumstances you wish to raise;
2. Include documentary evidence to support your appeal. Failure to do so may result in your appeal not being considered. You must show ***your ability to continue to maintain at least a C+ in all courses****;*

**Note: the boxes will expand to accommodate your text.**

|  |  |
| --- | --- |
|  |  |
| **3A** | **Compelling reasons or unavoidable circumstances** |

Explain in detail the reasons for overload. The reasons or circumstances may include the following:

1. The course was inadvertently omitted at some earlier stage of registration
2. The course has been newly introduced (or was not previously available) and is necessary (or a prerequisite for a subsequent required course) in my programme
3. there are extenuating curricular circumstances (such as completing a double major) which were not previously made available

|  |
| --- |
| Enter text |

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| --- | --- |
|  |  |
| **3C** | **Need to avoid part-time studies or to make up for delayed progress** |

Explain in detail the reasons for overload. You are advised that an appeal for course overload due to your desire **to avoid part-time studies or to make up for delayed progress** can only be granted because of the compelling reasons you present. The reasons must indicate the adverse consequences that would arise if the course overload is not granted.

|  |
| --- |
| Enter text. |

**SECTION 4. CHECKLIST**

**All appeals:** Click box to select

I have read and understand the [‘**Appeals for Course Overload: A Guide for Students**’](http://www2.le.ac.uk/offices/sas2/regulations/appeals-complaints/appeals).

I have provided on/with this form **all** the information, including statements of results, that may be considered in relation to my appeal

**SECTION 5. DECLARATION**

***By submitting this form: I declare that the above information is accurate and true; I confirm that the details of this appeal are complete and can be passed on to the relevant University staff considering my appeal; I confirm that I have included relevant documentary evidence to support my case (where applicable).***

**SECTION 6. SUBMISSION OF THE APPEAL FORM**

Submit the completed appeal form and supporting evidence to the email address given below to be received **before** the expiry of the appeal submission deadline. Appeals should be submitted electronically wherever possible.

**Submit the appeal to: director.qa@unza.zm**