



ESCUELA UNIVERSITARIA
DE ARTES@taiarts.com
RECOLETOS-22 MADRID

Assessment Appeal Form

APPEAL INFORMATION

Date

Period

Ordinaria

Extraordinaria*

* Check this box when it is a 2nd appeal

Applicant's Name and Surname

ID no.

Student

Teacher

Programme and Year

Course name

*Name of student under review**

Grounds for the appeal:

Signature:

*To be filled in by teachers only.