

European City University (ECU)

Admission Appeal Form

Full Name:

Student ID Number:

Programme Applied For:

Email Address:

Date of Admission Notification:

Grounds for Appeal (check one or more):

□ Procedural error in assessment process

□ New evidence or documents available

 \Box Discrimination or bias suspected

Description of Appeal:

(Please clearly state your reasons for appeal and include any relevant context)

Supporting Documents Attached: \Box Yes \Box No

Declaration:

I confirm that the information provided in this form is accurate and truthful. I understand that the decision of the appeal panel is final.

Signature: ______ Date: _____