GEM Discoverer Appeal Form

APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>MATRIC NUMBER</th>
<th>NAME</th>
<th>NATIONALITY</th>
<th>EMAIL</th>
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☐ FEMALE ☐ MALE | NRIC / ID | PHONE | CGPA |

COLLEGE | SCHOOL | COURSE |

Please select (✓) the type of appeal

☐ APPEAL FOR UNSUCCESSFUL APPLICATION
  (Fill in column 1.1 only)

☐ APPEAL FOR CHANGE OF UNIVERSITY
  (Fill in column 1.2 only)

IMPORTANT NOTES:

- Students are to take note that this appeal is subject to review by OGEM.
- Successful appeal is at the sole discretion of OGEM.
- Submission can only be made to the GEM office between 9.30am-12.30pm.
- Submission will be processed in 10 working days from the date of submission. You will be notified of the outcome of your appeal via email. Incomplete appeal submission will not be considered.
- Change of University Form can only be made after you have received a placement from OGEM.

DECLARATION

I confirm that the particulars and information furnished by me in this form, and any accompanying documents are true and accurate to the best of my knowledge. I understand that appeal application is subjected to the strong support by my school, endorsed by my college, and approved at the university level. The appeal results once decided, is final and no reasons will be given.

_________________________________________  ___________________
Applicant’s Signature                      Date
1.1 UNSUCCESSFUL APPLICATION

Write a brief statement explaining the reason for your appeal. You may attach additional sheet if needed. Students who fall below the cGPA requirements are required to seek recommendation from their Exchange/Course Coordinator.

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Applicant’s name ___________________________ Signature ___________________________ Date ____________

1.2 CHANGE OF UNIVERSITY FORM

I would like to appeal to change my GEM Discoverer placement to the following university:

From:____________________________________ To:_________________________________________

☐ Course Matching issues (Please attach supporting documents)
☐ Medical
  • Attach a letter from a physician certifying that the student is unfit to participate in the programme.
☐ Host University’s capacity is full
☐ Visa Issue
☐ Others (Any supporting documentation must be attached to this form):

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Applicant’s name ___________________________ Signature ___________________________ Date ____________
ENDORSEMENT BY EXCHANGE/COURSE COORDINATOR
(FOR OFFICIAL USE – UNIVERSITY)

☐ APPROVE  ☐ REJECT

________________________________________________________________________
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By Exchange/Course Coordinator  Signature  Date

APPROVAL (FOR OFFICIAL USE – UNIVERSITY)

☐ APPROVE  ☐ REJECT

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

By (Associate Provost, Undergraduate Education)  Signature  Date
Mode of Submission

Print the completed form and submit it with supporting document (if any) **personally** from Mondays to Fridays (except Public Holidays) between **9.30am** and **12.30pm** to the following address.

GEM Discoverer
Office of Global Education & Mobility
Nanyang Technological University
42 Nanyang Avenue (Student Services Centre, Level 1)
Singapore 639815

*Forms submitted via mail and email will not be processed.*