

ACADEMIC APPEALS

EXPENSES FOR APPEAL CANDIDATES



University of Sussex

Under the conditions set out in this document, the University will meet reasonable and proportionate incidental expenses necessarily incurred by a successful appellant. An individual who accompanies or represents such an appellant at his or her appeal hearing may also claim travel and incidental expenses under the conditions below. Please note that the University will not accept claims for legal expenses or loss of earnings and that all claims must be supported by receipts.

1. SUBSISTENCE EXPENSES

Reimbursement of subsistence expenses is in respect of **actual costs**, subject to the **maxima** given below:

- (a) For absence from home (not overnight) of
 - (i) Until 7.00 pm £ 7.50 per person
 - (ii) Until midnight £15.00 per person
- (b) For absence from home overnight, £45.00 per person. This allowance covers an absence of up to 24 hours and is to include both any hotel bill and other subsistence.

2. TRAVEL EXPENSES

The University will only consider claims for travel expenses to and from Appeal Hearings.

- (a) Public Transport

Cheap rail travel facilities should be used whenever available.

For public transport by other means, actual expenditure may be claimed.

- (b) Other Transport

For travel by private car, motor-bicycle or similar vehicle, the amount claimed must not exceed the cost of standard class public transport for the person or persons concerned.

All air travel and international travel must be specially authorized in advance.

3. SPECIAL NEEDS & ENQUIRIES

Should you have any special needs or questions which you do not believe to have been addressed by this document, please contact the Registrar's Office, (01273) 606755.

PLEASE NOTE APPELLANTS WILL BE SOLELY RESPONSIBLE FOR ANY COSTS INCURRED SHOULD THEIR APPEAL BE UNSUCCESSFUL

1. Student details

| |
|--|
| Name (block capitals): Registration number: |
|--|

2. Bank Details

****Bank Account Number :**

****Sort Code :** - -

| Date of Hearing | Description of Expense | Receipt attached? |
|-----------------|------------------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total Claim: _____

Signature of claimant: _____

Date: _____

| |
|--|
| <p><i>STAFF USE ONLY</i></p> <p><i>Debit Code: BE01 3700 G1454</i></p> <p><i>Authorised Signatory:</i> _____</p> |
|--|