

**Recommendation of Rescission of Award**

**Background/Justification**

The graduates identified herein have had their *award/s conferred in error/ or wish to have their awards rescinded/ or are in breach of a rule or policy of the university where rescission of award is a valid penalty for such a breach (delete not required)* and the award must be rescinded (provide detailed explanation for each student).

**Recommendation to:**

**Pro Vice-Chancellor Academic innovation or**

**Deputy Vice Chancellor Research or**

**Vice-Chancellor and Chief Executive Officer**

That the *(insert Pro Vice Chancellor Academic Innovation or Deputy Vice Chancellor Research or Vice-Chancellor and Chief Executive Officer),* recommend to UNE Council to approve the rescission of the award/s, as detailed in the attached document, forwith.

Signature Date

Head of School or

Deputy Director, Graduate Studies or

Director Student Success or

Dean of Faculty

*(delete not required)*

**Recommendation to Council**

That the University Council rescind the award/s, as detailed in the attached document forwith.

Signature

Name

Position Date