**NOHA JOINT ADMISSION AND SELECTION**

**APPEAL FORM**[[1]](#footnote-1)

|  |  |
| --- | --- |
| **Name** |  |
| **Family Name** |  |
| **NOHA Application Number** |  |
| **Email-Address** |  |

**Specify the decision of the Joint Admission Board against which you are appealing:**

**State the ground(s) for the appeal:**

Statement of the additional information on which you base your appeal. Be factual, specific and brief (max.500 words)

|  |
| --- |
|  |

**Date**

**Signature**

1. All the fields MUST be filled in. Appeal forms with uncompleted data and received after the deadline will not be considered. [↑](#footnote-ref-1)