

Application for a College-Level Academic Appeal

1. The first stage of the appeal procedure is known as the *Faculty-Level Academic Appeal*. This process is designed to allow the student and the Faculty to review the issues. If a student is not satisfied with the outcome of the process, they may have the right to request a *College-Level Academic Appeal*. Prior to completing this form, please ensure that all stages of the *Faculty-Level Academic Appeal* have been completed. Please review Section 18.2 of the *Admission Requirements and Academic Regulations* for a complete description of the appeal process found on the following link: [Admission Requirements and Academic Regulations](#).
2. The request for a College-Level Academic Appeal must be filed, in writing, to the Office of the Registrar within ten (10) business days following the written decision of the Faculty-Level Academic Appeal from the Senior Dean (or designate).
3. Advice regarding the completion of this form and the necessary preparation for a College-Level Academic Appeal is available through the IGNITE Dispute Resolution Clinic (DRC). Please book an appointment by visiting the following link: [IGNITE Dispute Resolution Clinic](#).
4. When completing this form you are required to :
 - a) State all grounds for the appeal and the resolution being sought.
 - b) Provide a copy of the written decision from the appropriate Senior Dean (or designate) indicating the outcome of the Faculty-Level Academic Appeal or the decision confirming the charge of Academic Misconduct.
 - c) Include copies of all documentation supporting the reasons for the appeal.
 - d) Indicate if you will represent yourself or if you wish to have someone present your argument. If so, provide the name(s) and role(s) of the individual(s) representing you; (maximum two (2) people, inclusive of the IGNITE DRC Student Advisor if desired).

To be completed by the student:

Student Name _____ Student Number _____

Date of Birth (YYYY/MM/DD) _____ Email _____

Telephone # _____

Program Name _____

Course Name _____ Course Number _____

Program Co-ordinator _____ Professor(s) Name _____

REASON FOR APPEAL: (Please use a separate page)**RESOLUTION REQUESTED: (Please use a separate page)**Do you have a Student Advisor from the IGNITE Dispute Resolution Clinic? Yes No

- If you answered Yes above, please state the advisor's name: _____
- Will anyone represent you or be attending the Appeal hearing with you? Please identify their name, title and relationship to you: (Maximum two (2) people, inclusive of the IGNITE DRC Student Advisor if desired)

1. _____

2. _____

Student Signature: _____

Date: _____