

## 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 Longo Faculty of Business Conflict Resolution Centre. Please book an appointment by visiting the following link: [Longo Faculty of Business Conflict Resolution Centre](#)
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 Longo Faculty of Business Conflict Resolution Centre Student Advisor, if desired).

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**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 Longo Faculty of Business Conflict Resolution Centre?  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? Maximum two (2) people, inclusive of the Longo Faculty of Business Conflict Resolution Centre Student Advisor, if desired. Please identify their name, title and relationship to you:

1. \_\_\_\_\_

2. \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_