Application for a College-Level Academic Appeal

1) The first stage of the appeal procedure is known as the School-Level Academic Appeal. This process is designed to allow the student and the School to review the issues. If a student is not satisfied with the outcome of the process, he or she may have the right to request a College-Level Academic Appeal. Prior to completing this form, please ensure that all stages of the School-Level Academic Appeal have been completed. Please review Section 18.1.b of the Admission Requirements and Academic Regulations for a complete description of the appeal process.

2) The request for a College-Level Academic Appeal must be filed, in writing, to the Office of the Registrar within 10 working days following the written decision to the School-Level Academic Appeal from the Dean or Associate Dean.

3) Advice regarding the completion of this form and the necessary preparation for a College-Level Academic Appeal is available through the Student Success and Engagement department.

4) When completing this form you are required to:
   a) State all grounds for the appeal and the resolution being sought.
   b) Provide all supporting documentation including correspondence from the Dean or Associate Dean of the School indicating the outcome of the School-Level Academic Appeal or the decision confirming the charge of Academic Misconduct.
   c) Include copies of all documentation supporting the argument.
   d) Indicate if you will represent yourself or if you wish to have someone present your argument. If so, provide the name and status of the individual representing you; indicate who else may be accompanying you to the appeal (maximum 2 people); indicate the name of a Student Success and Engagement member advising you, if applicable.

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)

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➢ Do you have a Student Success and Engagement Advisor? If so, include name below:

Name__________________________________________

➢ If no, would you like the Office of The Registrar to make arrangements for Student Success and Engagement to contact you? ______________

➢ Will anyone represent you or be attending the Appeal with you? Please identify their name, title and relationship to you: (Maximum two people)

1. ________________________________________________ 2. _________________________________________________

Student Signature ___________________________________________ Date: _______________________