

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)

- 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: _____