

**APPLICATION FOR AN ACADEMIC APPEAL**

- 1) The first stage of the appeal process is known as the *Academic Complaint*. The *Academic Complaint* 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 *Academic Complaint* process, he or she may have the right to request an Academic Appeal Hearing. Prior to completing this form, please ensure that all stages of the *Academic Complaint* have been completed. Please review Section 13 of the *Admission Requirements and Academic Regulations for Degree, Diploma and Certificate Studies* for a complete description of the appeal process.
- 2) The request for an Academic Appeal Hearing must be filed, in writing, to the Office of the Registrar within 10 working days of the date of the written response to the *Academic Complaint* from the Dean or Associate Dean.
- 3) Advice regarding the completion of this form and the necessary preparation for an Academic Appeal Hearing is available through the Student Services Department. If you wish assistance, please ask the Office of the Registrar for a referral.
- 4) All documentation supporting this application must be attached. No new documentation may be submitted on the day of the scheduled hearing, unless otherwise directed by the Chair of the Academic Appeal Panel, following consultation with the Panel members.
- 5) When completing this form, please ensure you:
  - 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 *Academic Complaint*.
  - c) Indicate if anyone will accompany you and please state their name/position. Please state the name and status/position of anyone representing you at the appeal.

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**To be completed by the student:**

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Student Address (including Postal Code) \_\_\_\_\_

Telephone # \_\_\_\_\_ Business/Cell # \_\_\_\_\_

Program Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_

Program Co-ordinator \_\_\_\_\_ Professor (s) Name \_\_\_\_\_

**REASON FOR APPEAL: (Please use a separate page for additional information)**

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**RESOLUTION REQUESTED:**

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➤ Do you have a Student Services Advisor? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name \_\_\_\_\_

➤ If no, would you like the Office of The Registrar to make arrangements for a Student Advisor to contact you?  
\_\_\_\_\_

➤ Will anyone represent you or be attending the Appeal Hearing with you? Please Identify their name, title and relationship to you: (Maximum Two People)

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

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