

Initial Appeal Form

Note: This form is to be used for the initial appeal process only. Should this process result in an unfavourable decision, the student may pursue a formal appeal hearing by completing a formal appeal form.

Date Appeal Initiated:	Type of Appeal:	Academic _	_ Disciplinary
If an Academic Appeal, please indicate:			
Course name and number:	Faculty Member:		
Student Name:	Student Number:		
Mailing Address:			
Telephone #:	Email:		
Program Name:			
Please outline the decision that you are appea	ıling:		
Please state why you feel a review is warrante	d and clearly state the re		seeking:
Have you attempted to resolve this matter with Yes No If no, why not? Please state when, with whom, and the results			
Did you receive the University College instruct Yes No If yes, when?		•	ter or e-mail)?
SIGNATURES			
Step 1: Instructor/staff member (please sign)		Data	
Step 2: Dean (please sign)	nied	Date	
Appeal Upheld Appeal Der Step 3: Vice-President Academic & Research (please sign)	nied	Date	
Appeal Upheld Appeal Der	nied	Date	
Date Appeal Withdrawn S	Student Signature		