



Request for Review of an Academic Decision

Faculty-level Academic Appeals are concerns regarding an academic decision pertaining to probation, academic withdrawal, expulsion, academic misconduct or special consideration on the basis of medical, psychological or compassionate grounds.

If you have discussed your concerns with the professor and Program Co-ordinator of your course and you are not satisfied, you may request that the Senior Dean (or designate) responsible for the program in question review the concerns. The process and procedure is detailed in Section 18.1.b of the *Admission Requirements and Academic Regulations*.

To initiate a formal request, submit this form to the Senior Dean (or designate) of the Faculty responsible for delivering your course within 10 days of the end of term. The student must provide appropriate documentation (for example, medical reports) which may impact the resolution of the appeal.

To be completed by the student:

Student Name: _____ Student Number: _____

Date of Birth (YYYY/MM/DD) _____ Email _____

Telephone Number _____

Course Name/Number _____

Program Name: _____

Reason for Request (Please attach details and documentation):

I have discussed the concern with my Professor and Program Co-ordinator and I wish to proceed to request a review by the Senior Dean or designate. I agree that the Senior Dean or designate will review the attached documentation, discuss my concerns with the Professor and Program Co-ordinator and confirm the decision of the Faculty in writing within twelve (12) business days of the receipt of my written request unless an extension has been mutually agreed to by both parties.

I understand that if I am faced with termination from my program, I will be given written notice, including the reason(s) for termination, and shall be given an opportunity to respond to the Faculty making the decision prior to launching a College-level Academic Appeal.

Student Signature: _____ Date _____

To be completed by the Senior Dean or designate of the Faculty:

Name of Senior Dean/Designate and Faculty _____

Date Review Conducted: _____

Decision: Academic Decision to Become _____ Remain Unchanged _____

Reason for Decision: (please attach separate sheet.)

Signature: _____ Date: _____

Note: The Faculty should keep a copy of the academic decision and advise the Office of the Registrar of any grade or academic status changes