



Academic Appeal Form

This form is used for students launching an Academic Appeal. The student is responsible for following the steps and timelines laid out in the Academic Appeal policy and procedures.

STUDENT INFORMATION

Name		Student ID Number
Street Address	City	Postal Code
Phone Number	Email Address	

PROGRAM AND COURSE INFORMATION Date Academic Decision Received

Program	Campus	
Course (include course code and name)		Section
Faculty Member's Name		

Please check the type of academic decision you are wishing to appeal.

- Grade on an assignment, test, exam etc.
- Placement decision
- Decision which has no numeric grade (pass/fail)
- Withdrawal or probation decision

Please check all applicable reasons for the academic appeal (see Academic Appeal Policy for descriptions).

- Merit of Work (including Academic Integrity)
- Personal / Compassionate
- Course Outline / Testing Discrepancy

APPEAL STATEMENT

Please describe how your circumstances meet the grounds for an academic appeal.

<p>SUGGESTED OUTCOME:</p>



Check off all that apply:

- I certify that the statements I have made in this Academic Appeal form are true and complete.
- I have attached copies of relevant documentation to support my academic appeal. I understand I cannot submit new information if my appeal escalates.
- I acknowledge that the submission of false documents or statements is a violation of St. Lawrence College's Academic Integrity Policy and Student Code of Conduct.
- I have read St. Lawrence College's Academic Appeals Policy and Procedures.
- I have reviewed the course outline.
- I am aware of my right to request and receive advisement concerning the academic appeals process and have an advisor and/or support person present at each level.
- I understand that my academic appeal will be deemed to be abandoned if I do not follow the timeframes stipulated in the Academic Appeals Policy.
- I understand that my request for an appeal hearing could be denied if I do not provide evidence to support my grounds for appeal.
- To the best of my knowledge, I have included everything in this appeal submission to help those responsible to make a fair and accurate decision.

By signing below, I acknowledge the statements made herein to be accurate, complete and truthful, and that those responsible may seek clarification from others involved in this appeal.

Student Electronic Signature	Date dd-mm-yyyy
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**Section A – Academic Decision Review
FACULTY DECISION**

The faculty member has up to three (3) business days to respond with their decision. Please copy the Student Rights & Responsibilities Officer on decision email.

Faculty Member's Name	
Date Appeal Received dd-mm-yyyy	Date and Method met with Student dd-mm-yyyy
Decision <input type="checkbox"/> Granted <input type="checkbox"/> Granted, with alternate resolution <input type="checkbox"/> Denied	

FACULTY DECISION

Please describe in detail the rationale for the above decision.

If granted, please indicate date/timeframe for the outcome to be completed and new grade to be received:

Please place a checkmark next to all that apply:

- I have reviewed all related supporting documentation from the student.
- I have attached relevant supporting documentation for my decision rationale (e.g. timeline of events leading to the academic appeal; chronological summary of attempts to resolve the issue; relevant emails; course outline; graded assessment(s); assignment rubrics; other documents).
- I have made every reasonable effort to resolve the student's academic issue(s).

Faculty Electronic Signature	Date dd-mm-yyyy
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St. Lawrence College

Section B - Level Two Academic Appeal

This form is used for students pursuing an Academic Appeal to the Associate/Campus Dean. This form must be submitted to the Appeal Advisor (Student Rights and Responsibilities Officer) within two (2) business days after receiving the completed Academic Decision Review from the faculty member. Once this Level Two submission is received, the Appeal Advisor will determine if the appeal meets the criteria. If so, a meeting will be set with the student, the Associate/Campus Dean, Appeal Advisor (optional) and faculty (as needed). The meeting will occur within five (5) business days. A \$25 administrative fee must be paid by the student at Level Two, to be refunded if the appeal is granted.

The Associate/Campus Dean will consult this form and the information provided to the faculty member. They may also consult course outlines, learning plans, rubrics and other course-related documents.

I wish to pursue a Level Two Academic Appeal with the Associate/Campus Dean. I understand the Associate/Campus Associate/Campus Dean may request information from program faculty, counsellors, tutors, Learning Centre staff, and the Registrar's Office, as needed.

Student Signature SLC ID

This appeal has been reviewed and verified as eligible to proceed by the Appeal Advisor

Appeal Advisor Name Signature

Associate/Campus Dean Name	
Date Appeal Received dd-mm-yyyy	Date of meeting with Student dd-mm-yyyy
Decision <input type="checkbox"/> Granted <input type="checkbox"/> Granted, with alternate resolution <input type="checkbox"/> Denied	

ASSOCIATE/CAMPUS DEAN DECISION

Please describe in detail the rationale for the above decision.

If granted, please indicate timeline for the outcome to be complete and new grade to be received:

Please place a checkmark next to all that apply:

- I have reviewed all related supporting documentation from the student.
- I have sought clarification from persons or parties listed in the appeal. Please list who was contacted:

Electronic Signature	Title	Date dd-mm-yyyy
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Section C - Level Three Procedural Appeal

This form is used for students pursuing the Level Three Procedural Appeal to an Appeal Committee. This form must be submitted to the Appeal Advisor (Student Rights and Responsibilities Officer) within two (2) business days after receiving the Level Two Academic Appeal decision from their Associate/Campus Dean. Once the submission is received, the Director, Student Services, or designate, will communicate the meeting date and time to the student and Appeal Advisor. The Appeal Committee meeting will occur with ten (10) days of receipt of this form and the Appeal Committee has three (3) business days to render the decision.

I wish to pursue a Level Three Procedural Appeal with the Appeal Committee. I understand that the Academic Appeal Committee, in the process of rendering a decision, may obtain information from program faculty, counsellors, tutors, Learning Centre staff, the Registrar's Office and others.

Student Signature

SLC ID

PROCEDURAL APPEAL COMMITTEE DECISION

Committee Chair	
Date Appeal Received dd-mm-yyyy	Date of meeting dd-mm-yyyy
Decision <input type="checkbox"/> Granted <input type="checkbox"/> Returned to the Academic/Campus Dean for Policy or Procedural reasons that warrant alternative resolution <input type="checkbox"/> Denied	

COMMITTEE DECISION RATIONALE

Please describe in detail the reasons for the above decision.

Chair Electronic Signature	Title	Date dd-mm-yyyy
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