



ACADEMIC APPEAL FORM

This form is used for students launching an Academic Appeal. It is highly recommended that you meet with the Student Rights & Responsibilities Office (SRRO) prior to initiating your appeal for review, guidance, and support. The SRRO can be reached at srro@sl.on.ca . An academic appeal is initiated, and considered launched, by submitting the completed Academic Appeal Form to the faculty member who made the decision. srro@sl.on.ca should be copied on this email. The student is responsible for following the steps and timelines laid out in the Academic Appeal Policy and Procedures.

STUDENT INFORMATION

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

Appeal Statement	
-------------------------	--

Suggested Outcome	
-------------------	--

- 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 clarification from others involved in this appeal.

Electronic Signature:	Date:
-----------------------	-------



SECTION A – FACULTY DECISION REVIEW

The faculty member has up to two (2) business days after the review meeting to respond with their decision. Please copy the Student Rights & Responsibilities Office (srro@sl.on.ca) on the decision email.

Faculty Member’s Name	
Date Appeal Received	Date and Method met with Student
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).

Electronic Signature:	Date:
-----------------------	-------



SECTION B – LEVEL TWO ACADEMIC APPEAL

This form is used for students pursuing a Level Two Academic Appeal. This form is to be completed and submitted to the Student Rights & Responsibilities Officer within two (2) business days of receiving the complete Academic Decision Review from the Faculty member. Once the submission is received, the Student Rights & Responsibilities Office will meet with the student to determine if the appeal meets the criteria and is eligible for move forward. If eligible, the Level Two Academic Appeal will be heard by an Assigned Dean. The Student Rights & Responsibilities Office will collect all documentation and send to the Assigned Dean. The Level Two Appeal Hearing will take place within five (5) business days of the Assigned Dean receiving the Academic Appeal Package. A \$25 administrative fee must be paid by the student at Level Two, to be refunded if the appeal is granted.

The Assigned Dean may approach professors, staff, students, placement supervisors, preceptors, or others who can contribute information to assist in the decision making or resolution of the appeal. The Assigned Dean may meet with others either separately or as a group, to hear and discuss the appeal.

☐ I wish to pursue a Level Two Academic Appeal with the Assigned Dean. I understand the Assigned Dean may request information from program faculty, counsellors, 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 Student Rights & Responsibilities Office

SRRO Representative Name	Signature
--------------------------	-----------

Assigned Dean	
Date Appeal Received	Date and Method met with Student
Decision <input type="checkbox"/> Granted <input type="checkbox"/> Granted, with alternate resolution <input type="checkbox"/> Denied	

ASSIGNED DEAN 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 sought clarification from the persons or parties listed in the appeal

Electronic Signature	Title	Date
----------------------	-------	------



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 Student Rights and Responsibilities Office within two (2) business days after receiving the Level Two Academic Appeal decision from the Assigned Dean. Once the submission is received, the Student Rights & Responsibilities Office will meet with the student to determine if the appeal meets the criteria and is eligible for move forward. If eligible, the Director, Student Services, or designate, will organize the hearing and arrange the committee. 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 the Academic Appeal Committee request information from program faculty, counsellors, 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 Student Rights & Responsibilities Office

SRRO Representative Name	Signature
--------------------------	-----------

PROCEDURAL APPEAL COMMITTEE DECISION

Committee Chair	
Date Appeal Received	Date and Method met with Student
Decision <input type="checkbox"/> Granted <input type="checkbox"/> Returned to the Academic/ Campus Dean for Policy or Procedural reasons that warrant alternate resolution <input type="checkbox"/> Denied	

COMMITTEE DECISION RATIONALE

Please describe in detail the rationale for the above decision.

--

Chair Electronic Signature	Title	Date
----------------------------	-------	------