

**FACULTY DECISION**

**(Faculty Use Only)**

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| **Faculty Member’s Name**  Click here to enter text. | |
| **Date Appeal Received**  dd-mm-yyyy | **Date, Time, and Method met with Student**  dd-mm-yyyy Click here to enter text. |
| **Decision**  **Appeal is incomplete, resubmission required within level 1 timeframe**  **Denied**  **Granted**  **Granted, pending successful completion of listed requirements** | |

**FACULTY DECISION RATIONALE**

Please describe in detail the reasons for the above decision.

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| Click here to enter text. |

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:

Click here to enter text.

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 assessments; assignment rubrics; other documents).

I have had the student’s work reassessed.

I have made every effort to resolve the student’s academic issue(s).

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| **Faculty Signature** | **Date**  dd-mm-yyyy |