

**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 |