

**APPEAL TO FACULTY**

This form is used for students opening an academic Appeal to Faculty. The student is responsible for initiating a meeting either in person or via electronic means, or phone conversation with the faculty member prior to submitting this documentation. This form must be submitted to the faculty member within ten (10) business days after the release of the final grade by the Registrar’s Office. The faculty member will respond within three (3) business days with their decision.

**STUDENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Name**  Click here to enter text. | | **Student ID Number**  Click here to enter text. |
| **Street Address**  Click here to enter text. | **City**  Click here to enter text. | **Postal Code**  Click here to enter text. |
| **Phone Number**  Click here to enter text. | **Email Address**  Click here to enter text. | |

**PROGRAM AND COURSE INFORMATION**

Please complete the chart below with the program and/or course information that is relevant to your academic appeal.

|  |  |
| --- | --- |
| **Program**  Click here to enter text. | |
| **Program Coordinator**  Click here to enter text. | |
| **Course (include course code and name)**  Click here to enter text. | **Section**  Click here to enter text. |
| **Faculty Member’s Name**  Click here to enter text. | **Grade**  Click here to enter text. |

**ACADEMIC DECISION AND GROUNDS FOR APPEAL**

Please place a checkmark beside the type of academic decision(s) you are seeking to appeal.

Final mark in a course

Prior Learning Assessment and Recognition (PLAR)

Academic progression

Withdrawal from program

Please place a checkmark beside all applicable reasons for the academic appeal (see Academic Appeal Operating Procedures, Appendix A for details).

Merit of Work

Personal Bias / Unfair Treatment

Extenuating Circumstances

Course Management

**APPEAL STATEMENT**

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

I have included a reflection on what I have learned from the situation and how I will apply this learning to my future professional career.

I have presented evidence that I believe demonstrates my achievement of the learning outcomes of the course.

I have read the Academic Regulations, the Academic Appeals Policy, and the Academic Appeals Operating Procedures document.

|  |
| --- |
| Click here to enter text. |

Please place a checkmark next to all that apply:

I certify that the statements I have made in this Academic Appeal Application are true and complete.

I have attached copies of relevant documentation to support my academic appeal.

I acknowledge that the submission of false documents or statements is a violation of Fleming College’s Academic Regulations and Student Rights and Responsibilities Policy.

I have read Fleming College’s Academic Appeals Policy and Procedures.

I have reviewed the course outline.

I am aware of my right to request and receive assistance concerning the academic appeals process.

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 and Procedures.

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 the Faculty make a fair and accurate decision.

**DECLARATION AND AUTHORIZATION FOR RELEASE OF INFORMATION**

By signing below, I acknowledge the statements made herein to be accurate, complete and truthful, and that the faculty member may seek clarification from any persons or parties listed in this appeal.

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



**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA), I hereby authorize the release of the personal information listed below to the individual and/or organization also listed below. The personal information authorized for release/collection on this form may not be further used/disclosed to anyone else without my explicit and written consent.

This authorization for release of personal information will remain in effect for the following period only:

|  |  |
| --- | --- |
| **From:**  dd-mm-yyyy | **To:**  dd-mm-yyyy |

**IDENTIFICATION OF PERSONAL INFORMATION TO BE RELEASED**

|  |  |
| --- | --- |
| **Release Information To:**  Name: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. | **Release Information From:**  Name: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. |
| Release is for two-way communication between both parties listed above. | |
| **Description of Personal Information to be Released and Purpose for Release:**  Click here to enter text. | |

**AUTHORIZATION**

By my signature, I hereby consent to the release of my personal information in accordance with the specifications detailed on this consent form. I understand the purpose for disclosing this personal information to the person noted above. I understand that I can refuse to sign this consent form.

|  |  |
| --- | --- |
| **Student Name:**  Click here to enter text. | **Date of Birth:**  dd-mm-yyyy |
| **Student Signature:** | **Date:**  dd-mm-yyyy |
| **Witness Signature:** | **Date:**  dd-mm-yyyy |

Questions about the collection, use, retention, or disclosure of the personal information listed above should be directed to Kristi Kerford, Associate Vice-President Student Services, Fleming College, 599 Brealey Drive, Peterborough, Ontario K9J 7B1. Tel: 705-749-5530 ext. 1032. [kristi.kerford@flemingcollege.ca](mailto:kristi.kerford@flemingcollege.ca)