

**APPEAL TO PANEL**

This form is used for students pursuing an academic Appeal to Panel. This form must be submitted to the Office of the Dean within three (3) business days after receiving the Appeal to Faculty decision. Once the submission is received, the Dean or Designate will communicate the panel meeting date and time to the student. The Dean or Designate has five (5) business days to hold the panel meeting and render the panel’s decision.

**APPEAL TO PANEL STATEMENT**

Please describe how your circumstances meet the criteria for an academic Appeal to Panel.

I have included reasons why I disagree with the Faculty level decision.

I have presented new information and supporting documentation that was unavailable prior to this level of appeal.

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 Appeal Operating Procedures document.

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| --- |
| 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 to Panel are true and complete.

I have attached copies of the additional documentation to support my academic Appeal to Panel.

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 included my original Appeal to Faculty submission including all supporting documentation.

I have included the Faculty’s response to my original appeal.

I understand that the Panel may conduct an investigation into my appeal, which may involve, but is not limited to, obtaining information from program faculty, counsellors, tutors, Learning Centre staff, and the Registrar’s Office.

**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 Panel may conduct an in depth investigation into my academic history, my use of student services, and seek further clarification from any persons or parties listed in both levels of this appeal.

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| --- | --- |
| **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)