

 **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 virtually) 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** | **Student ID Number** |
| **Street Address** | **City** | **Postal Code** |
| **Phone Number** | **Email Address** |

**PROGRAM AND COURSE INFORMATION**

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

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| **Program** |
| **Program Coordinator** |
| **Course (include course code and name)** | **Section** |
| **Faculty Member’s Name** | **Grade** |

**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 demonstrates my achievement of the learning outcomes of the course to help the Faculty make a fair and accurate decision.

[ ]  I have read the Academic Regulations, the Academic Appeals Policy, and the Academic Appeals 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 Application are true and complete.

[ ]  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 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 |