

**APPEAL PANEL REVIEW**

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

**APPEAL PANEL REVIEW STATEMENT**

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

I have included reasons why I disagree with the Appeal to Panel level decision.

I have presented information and supporting documentation that the process followed at the Appeal to Panel level was inaccurate or incomplete.

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.

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

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

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 have included my Appeal to Panel submission including all supporting documentation.

I have included the Appeal to Panel’s response.

I understand that the Appeal Review 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 AUTHORIZATIONVICE FOR RELEASE OF INFORMATION**

By signing below, I acknowledge the statements made herein to be accurate, complete and truthful, and that the Review 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 all levels of this appeal.

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