**TO BE COMPLETED BY STUDENT**

**A: Student Information**

**Please provide accurate information. If you cannot be contacted, you risk missing important deadlines and information and may jeopardize your ability to further appeal.**

Please note that if the Office of Academic Excellence is unable to contact you and you have not contacted the same within the required timeframes, the request will be deemed “abandoned” and no further action will be taken.

Please complete information below:

Last Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GBC Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # (primary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # (additional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B: Details of Academic Appeal**

**1. Type of Academic Issue**

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

[ ]  Final Grade in a Course

[ ]  Grade within a Course that could not be reassessed (e.g., oral presentation, performance, practical exam, placement) or that was denied reassessment

[ ]  Probationary or Withdrawal Decision

[ ]  PLAR (Prior Learning Assessment and Recognition) Decision

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**2. Course & Program Information**

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

Course Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Grounds for Academic Appeal**

Please place a checkmark beside all the applicable reasons for the academic appeal (see Appendix 2 for details) and include an explanation in the area provided below.

[ ]  Merit of work

[ ]  Illness and disability

[ ]  Compassionate

[ ]  Course management

[ ]  Policy violation

**Explanation of Grounds for Academic Appeal:** (Attach additional pages as necessary)

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**4. Supporting Documentation**

Please place a checkmark to acknowledge that you have attached copies of relevant documentation to support your academic appeal, and list these documents in the area provided below.

[ ]  Yes, I have attached copies of relevant documentation to support my academic appeal.

(Examples include: timeline of events leading to the academic appeal; chronological summary of attempts to resolve the academic issue; relevant emails; course outline; graded assessments; assignment rubrics; medical form; other documents – Do not send academic policy documents)

List of Attached Documents:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**C: Application Submission**

Note: After meeting with your Chair, you have only **5 business days** to submit your application along with scanned copies of all supporting documentation by email to: appealsmoderator@georgebrown.ca with a copy (cc:) to the Program Chair.

Please place a checkmark beside each statement that you acknowledge to be true:

[ ]  I have read George Brown College’s Academic Appeals policy.

[ ]  I am aware of my right to meet with a Student Association advisor to clarify any questions I may have about the academic appeals process.

[ ]  I have met with my faculty member and attempted to resolve my academic issue(s).

 Please specify the meeting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC APPEAL APPLICATION FORM, Page 4/4**

[ ]  I have met with my Academic Chair and attempted to resolve my academic issue(s).

 Please specify the meeting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  I certify that the supporting documents I have submitted are authentic.

[ ]  I understand that my academic appeal will be deemed to have lapsed if I do not follow the timeframes stipulated in the Academic Appeals policy.

[ ]  I understand that by submitting this application I am requesting to present my case in person at an Academic Appeal Hearing.

[ ]  I understand that the Office of Academic Excellence will contact me - no later than 15 business days after my submission - to inform me of my academic appeal hearing date, time, and location.

[ ]  I understand that my request for an appeal hearing could be denied if I do not provide evidence to support my grounds for appeal.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_