

## Vancouver Campus Tel. (604) 681 5815 Fax. (604) 681 5819

**Burnaby Campus** Tel. (604) 435 5815 Fax. (604) 435 5895

## **ACADEMIC APPEAL FORM**

The purpose of this form is for students to report and/or submit a formal appeal to the College regarding an Academic matter.

Student Name	Student ID
Address	City
Phone Number	Email

Email address must be clearly written. No handwriting.

- This form MUST be submitted at the applicable campus where the course was taken (ex: Course was in Burnaby, submit the form to Burnaby Campus). Forms submitted to the wrong campus will not be processed.
- √ If this appeal is for an Academic Alert, identify the assignment/exam name and reason for alert.
- ✓ Attach supporting evidence, if applicable. Submit this form and supporting evidence to the Front Desk.
- ✓ We evaluate your appeal on the basis of the argument and evidence provided here ONLY. No further information will be accepted after a decision has been made.

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Course Name (and section)	Course Instructor	Assignment/Exam		
What is your reason for appeal?				
	ll be made based on the information and su m. I understand that I cannot come back late			
information or a different reason for		er with more		
Student Signature		Date		
Student Signature				
OFFICE LISE ONLY (S)				
OFFICE USE ONLY (Please do n	ot write in this area)			
Decision & Comments:				

OFFICE USE ONLY (Please do not write in this area)			
Decision & Comments:			
Name	Signature	Date Signed	
		Date Student Notified	