Email: registrar@alexandercollege.ca Tel.: (604) 435-5815

Fax: (604) 435-5895

## **ADMISSIONS AND REGISTRATION APPEAL FORM**

Danwark Dataila										
Request Details First Name	Last Name (family name)		Student ID Number							
First Name	Last Name (family mame)		Student ib Number							
Telephone Number	Email Address		Have y	ou attac	hed sup	porting	eviden	ce?		
				Yes		☐ No				
Miles tie the manner of this course!										
What is the purpose of this appeal?										
Why should it be approved?										
Policy and Procedure										
Admissions and Registration Appeal										
The purpose of this form is to provide stu										
requests related to Admissions, Student R							ırse Re	gistratio	on, Tran	sfer
Credit and Graduation, or Financial Aid. A	II decisions are final and will be	e reconsidered only with s	submiss	ion of r	iew evi	dence.				
Procedure										
Briefly identify the purpose for the appear	al, and describe the rationale (	e.g. on what grounds sho	ould the	appea	I be gra	inted?)	Use th	ie back	of this f	form if
more writing space is needed.	و در النان و و در و ادار و او در و و او ادار و او و و و در	* h =								
<ol> <li>Attach supporting evidence. <u>Appeals subners</u></li> <li>Submit this form with supporting evidence</li> </ol>			· Imicciar	ം.രചം	andore	ollogo	ca)			
4. Students are notified of the outcome by e	<del>-</del>	in person or by email (ac	וטוככווווג	is@aic/	variuero	ollege.	Laj			
Student's Signature	a wiem. o o o oasmess aays	Date (DD - MMM - YYYY)								
Student's Signature		Date (DD - IVIIVIIVI - 1111)								
OFFICE USE ONLY										
Decision										
Registrar's Signature		Date (DD - MMMM - VVVV)								
Registrar's Signature		Date (DD - MMM - YYYY)								