## Main Campus - Burnaby



Student Name

Full Address

4805 Kingsway, Burnaby British Columbia, V5H 4T6, Canada Tel. 604-435 5815 Fax. 604-435-5895

## **ACADEMIC APPEAL FORM**

Alexander College believes strongly in the principles of natural justice and student self-advocacy.

Student ID

E-mail

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

| <ul> <li>✓ Identify the assignment/exam name and reason for alert.</li> <li>✓ Attach supporting evidence (see the relevant Student Advocacy page for examples).</li> <li>✓ Submit this form and supporting evidence to the Office of Student Rights and Responsibilities by email <a href="mailto:srr@alexandercollege.ca">srr@alexandercollege.ca</a></li> <li>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.</li> </ul> |                 |                       |  |  |
|--|-----------------|-----------------------|--|--|
| Course Name (and section)  | Instructor Name | Type of Assignment/Ex | Course delivery format (in-<br>person or online) |  |
|  |                 |                       |  |  |
| What is your reason for appea  | 1?              |                       |  |  |
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| I understand that a final decision will be made based on the information and supporting evidence that I provide with this form.  |                 |                       |  |  |
| Student Signature  |                 |                       | Date   |  |