

## ACADEMIC APPEAL FORM

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

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

Student Name	Student ID
Full Address	E-mail

☑ Identify the assignment/exam name and reason for alert.

Attach supporting evidence.

Submit this form and supporting evidence to the Office of Student Rights and Responsibilities by email srr@alexandercollege.ca

Viewed the Academic Alert evidence submitted by an instructor/invigilator with a SRR staff member.

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.

Course Name (and section)	Instructor Name	Type of Assignment/Ex	am Co	ourse delivery format (in- erson or online)		
What is your reason for appeal?						
I understand that a final decision w evidence that I provide with this fo	vill be made based on the informa rm	tion and supporting				
Student Signature			Date			