



Academic Decision/Grade Review Action Form

If the student does not agree with grade received, and is proceeding with an "Informal Appeal", the student will have this form completed by the Faculty member and Dean, to verify the Informal Process has taken place. If unable to resolve with the Faculty member, student may proceed to meeting with the Dean (see over).

To be completed by Faculty/Invigilator

I hereby attest that \_\_\_\_\_, # \_\_\_\_\_ (Student Name) (Student Number)

\_\_\_\_\_, was provided a (Program)

Grade of \_\_\_\_\_, on \_\_\_\_\_ (Name of Test / Assignment / Project / Exam)

Written/completed on \_\_\_\_\_ (Date)

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ (Faculty/Invigilator) (Please Print) (Faculty/Invigilator)

on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_ (Date) (Time) (Place/Room)

DATE: \_\_\_\_\_

\* If issue is resolved between student and Faculty member, no further action is required \*

To be completed by Student – prior to meeting with the Dean

I \_\_\_\_\_, \_\_\_\_\_ (Student Name) (Signature)

do not agree with this grade and would like to appeal this grade based on the following: (may use attachment/email). A copy of this statement will be presented to the Dean.

Four horizontal lines for student input.

DATE: \_\_\_\_\_

OVER →

A COPY OF THIS FORM WILL REMAIN WITH THE DEAN AND WILL BE ATTACHED TO THE "STUDENT ACADEMIC APPEAL APPLICATION FORM", SHOULD THE STUDENT PROCEED WITH A FORMAL APPEAL.

By signing this, you are providing your permission to discuss this situation/grade(s) with the parties involved. This may or may not include the following: Dean(s), Co-ordinator(s), Faculty, Director of Student Success, Registrar and Appeal Panel

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**To be completed by Dean**

Dean met with student to discuss this grade

on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
(Date) (Time) (Place/Room)

Dean has decided to:  Uphold Assigned Grade  Revisit this Grade

Student was informed of this decision by the Dean (may use attachment/email)

on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
(Date) (Time) (Place/Room)

Dean Signature: \_\_\_\_\_

Notes from Dean: (may use attachment/email)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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If the student is not satisfied with the “**Informal Appeal**” decision, the student may proceed with the “**Formal Appeal**” process.

**According to the Appeal of an Academic Decision Policy # 2000-1-13**

9. A request to initiate the Formal Appeal Process must be filed with the Director of Student Success within five College working days of the transmission of the Dean’s decision concluding the Informal Appeal Process
10. The request for a Formal Appeal must be in writing, addressed to the Director of Student Success and include the following:
  - a statement as to what precisely is being appealed,
  - the reason(s) for the appeal,
  - the remedy sought,
  - a deposit of twenty-five dollars, which is refundable in the event of a successful appeal as determined by the Director of Student Success.

The Formal Appeal process will begin with the student bringing **this form** and setting up an appointment with the Director of Student Success to discuss the “**Formal Appeal**” process.

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Appointment with Director of Student Success

on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
(Date) (Time) (Place/Room)

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