

DOCUMENT TITLE	Grade Appeals Form to EdCo’s Academic Appeals Panel
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REPLACES (IF APPLICABLE)	E – 2.4.2 (Request for a Final Stage Appeal Form)
LAST UPDATE OR AMENDMENT OR REVIEW DATE	N/A
POLICY HOLDER	VP Education
RESPONSIBLE OPERATIONAL LEADER	Dean/Director

GRADE APPEALS FORM TO EDco’S ACADEMIC APPEALS PANEL

PURPOSE

The purpose of this form is to request an appeal of a Dean’s/Director’s decision regarding a final course grade review to Education Council’s Academic Appeals Panel. Please refer to the [Grade Review and Appeals policy](#) and the [Supporting Document outlining the process](#) prior to completing this form.

In order for you appeal to be processed, it must:

1. Be made within **five (5) working days** of receiving an outcome from the Dean/Director;
2. Identify the ground(s) under which the student is seeking to appeal the Dean’s/Director’s decision;
3. Must be submitted to the academicappeals@camosun.ca.

INFORMATION PROVIDED BY STUDENT

STUDENT NAME:	
STUDENT C#:	
PHONE #:	
EMAIL:	
SCHOOL/PROGRAM:	
COURSE NUMBER & NAME:	
NAME OF INSTRUCTOR:	
NAME OF CHAIR/PROGRAM LEADER:	

What decision are you appealing? Please provide details.

Why are you appealing the Dean's/Designate's decision? Please choose the applicable ground(s) for an appeal.

- College policy was contravened that negatively impacted the student's learning and final grade;
- The process outlined in the [Grade Review and Appeals](#) policy was not followed.

Please provide details on why you believe you meet the ground(s) selected above.

BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWING:

- I have read the [Grade Review and Appeals Policy](#) and the [Process for Requesting Grade Review and Appeals Supporting Document](#) and understand the Policy and its applicable processes.
- I have completed this form to the best of my ability. The information I provided above is accurate and complete.
- I have provided all supporting documentation that is relevant to this appeal request.

STUDENT'S SIGNATURE:	DATE:
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