

REQUEST FOR APPEAL OF ACADEMIC DECISION

SECTION 1: COMPLETED BY STUDENT AND SUBMITTED TO THE ACADEMIC ADVISOR

Name: _____	Student #: _____	Phone #: _____
Program: _____	Year: _____	
Course #: _____	Course Name: _____	Professor: _____
Reason for Appeal: 		
Date Discussed with Professor: _____		

SECTION 2: ADMINISTRATIVE REVIEW

COMPLETED BY THE ACADEMIC DIRECTOR, RETURNED TO STUDENT, PROFESSOR, AND RECORDS AND RETENTION

Reviewed by: _____	Met with student / professor / others
Decision: 	
Signature: _____	Date: _____

SECTION 3: REQUEST FOR COMMITTEE REVIEW

COMPLETED BY STUDENT AND FORWARDED TO THE ACADEMIC DEPARTMENT - ADVISING TEAM academicadvising@niagaracollegeutoronto.ca

I have read and understood the Niagara College -Toronto policy on Appeal of Academic Decisions. All information to be presented to the Appeal Committee, including the resolution requested, is attached. The following person will accompany me to the Appeal:	
Name: _____	Title: _____
Student's Signature: _____	Date: _____

The decision of the Appeal Committee will be forwarded in writing to the student, faculty member and Records and Retention within five (5) business days of the hearing.

Date Received in Records and Retention: _____ Received by: _____
(name)