

**Academic Appeal Application Form**

- Complete this application carefully and submit it to the Registrar's Office.
- Include any other relevant information in support of your request.
- You will receive a written response from the committee once a decision has been made.
- An Academic Appeal fee of \$25.00 must be paid prior to the appeal being processed. If the appeal is successful, the \$25.00 fee will be refunded.
- **Deadline Dates\***: Fall Semester: March 15<sup>th</sup>  
Winter Semester: October 15<sup>th</sup>  
Summer Sessions: November 15<sup>th</sup>  
\*Students who do not appeal by these dates forfeit their right to appeal.

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Provide the following information about this academic appeal:

Course Code and Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Nature of the appeal:

- \_\_\_\_\_ the final grade in the course
- \_\_\_\_\_ a grade on the term paper
- \_\_\_\_\_ the grade on the final examination
- \_\_\_\_\_ the number of class absences
- \_\_\_\_\_ other (Specify): \_\_\_\_\_

Have you discussed this concern with the instructor? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, briefly explain your discussion. If no, please do so prior to submitting this form.

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(See Over)

**ANSWER ALL THE QUESTIONS THAT ARE PERTINENT TO YOUR REQUEST.**

1. Describe briefly the nature of the problem.

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2. State the reasons(s) why the problem has arisen.

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3. In what way(s) have you tried to resolve this problem?

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4. What are the consequences for you (or for others) if this request is not granted?

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5. Other comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_