## POLICY SUPPORTING DOCUMENT

DOCUMENT TITLE	Grade Appeals Form to EdCo's Academic Appeals Panel
DOCUMENT NUMBER	E-1.14.4
NAME OF POLICY THE DOCUMENT SUPPORTS	Grade Review and Appeals
TYPE OF DOCUMENT	Form
Approval Date	May 20, 2020
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 <u>Grade Review and</u> <u>Appeals policy</u> and the <u>Supporting Document outlining the process</u> 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:	

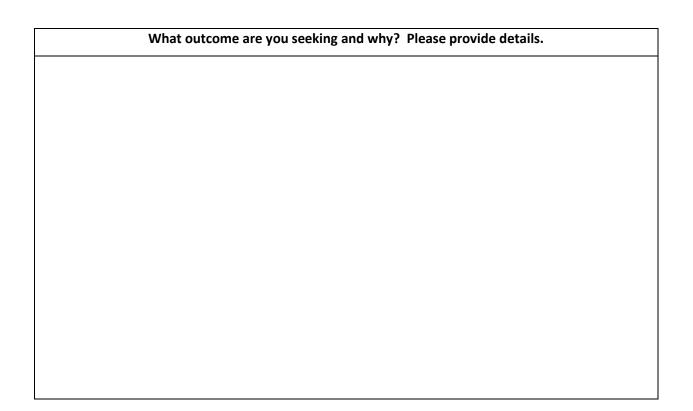
What decision are you appealing? Please provide details.		

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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 deta	ils on why you believe you r	meet the ground(s) selected abo	ve.







#### **BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWING:**

I have read the <u>Grade Review and Appeals Policy</u> and the <u>Process for Requesting Grade Review</u> 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: