## POLICY SUPPORTING DOCUMENT

| DOCUMENT TITLE                          | Grade Appeals Form to EdCo's Academic Appeals<br>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: |  |

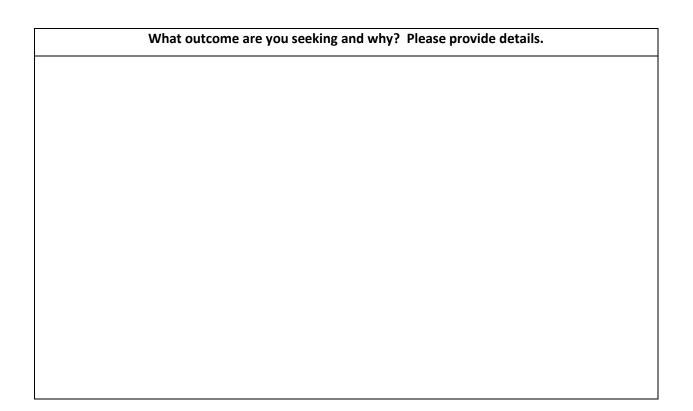
| What decision are you appealing? Please provide details. |  |  |
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| Why are you appealing the Dean's/Designate's decision? Please choose the applicable ground(s) for |  |  |  |  |
|---|--|--|--|--|
| an appeal.  |  |  |  |  |
|   | College policy 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. |
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#### **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: |
|----------------------|-------|
|                      |       |