



Appeal to Academic Council

Office of the Registrar

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Date Received: (office use only)

*Use this form ONLY if you are submitting a formal appeal to Academic Council.
The \$100 fee must be paid before this appeal will proceed. The fee will be refunded if your appeal is successful.
You may only request an appeal to Academic Council's Appeals Committee once you have exhausted the first and second stages of review through the faculty and the Dean/Chair.*

Today's Date (yyyy/mm/dd): _____

Student Number: _____

Last name: (LAST) _____

Given Names: _____

Phone #: _____

Alternate Phone #: _____

Email: _____

Program of Study: _____

Finance Use Only: Confirm fee paid _____
Signature _____ Date _____

Enter the review/appeal information in the space provided below. If you need additional space, please attach a separate word processed document with the questions clearly indicated.

1. To which course is this issue related? What is the name of your faculty member(s) for this course?
2. What was the grade awarded or the penalty imposed?
3. Provide a clear and concise summary of the decision(s) which you wish to have reviewed or appealed.

Appeal to AC (continued)

4. Outline the specific steps to date you have taken to resolve this issue: *(Please provide specific dates and details and include the names of all UCW faculty and staff with whom you have discussed this matter.)*

5. Summarize the reason for your appeal. Why do you think this decision was unjust? *(Be as specific as possible why you are requesting this decision be overturned or modified.)*

6. Describe the remedy, relief, or outcome that you seek. Please be specific.

7. Do you intend to call any witnesses on your behalf?
 - a. Yes ____ No ____
 - b. If **Yes**, please provide their names and contact information:

8. Are there any documents that you want the Appeal Committee to review? Yes ____ No ____
If *Yes*, enclose the documents with this form. Present your evidence in concise, chronological order.

I hereby affirm that the information on this form is an accurate description of the circumstances that led to this appeal. I also understand that University Canada West is committed to using personal information collected in accordance with applicable provincial and federal privacy legislation. By completing this form, I am consenting to have the University use the submitted information for the purposes consistent with academic and support services of a post-secondary educational institution.

Signature

Date

Submit this completed form with all your supporting documentation directly to the Registrar's Office.