



REQUEST FOR APPEAL OF ACADEMIC DECISION

SECTION 1: COMPLETED BY STUDENT AND SUBMITTED TO THE ACADEMIC ADMINISTRATOR VIA EMAIL TO:
academicappeals@niagaracollege.ca

Name: _____ Student #: _____ Phone #: _____

Email: _____ Program: _____ Year: _____ Course #: _____

Course Name: _____ Professor: _____

Reason for Appeal: _____

Date Discussed with Professor: _____

SECTION 2: ADMINISTRATIVE REVIEW : COMPLETED BY THE ACADEMIC ADMINISTRATOR, RETURNED TO STUDENT, PROFESSOR AND REGISTRAR.

Reviewed by: _____ %Met with student / professor / others

Decision: _____

Signature: _____

Date: _____

SECTION 3: REQUEST FOR COMMITTEE REVIEW COMPLETED BY STUDENT AND FORWARDED TO THE OFFICE OF THE REGISTRAR

% I have read and understood the Niagara College Practice 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

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

Date Received in Registrar's Office: _____ Received by: _____
(name)