

## Appeal of Final Grade Form

Related policy 2.2.3 Appeal of Final Grade. It is strongly recommended that students seeking an appeal meet with Student Services to review the policy and appeal procedures.

1. Submit this completed form to the Office of the Registrar ([jhebler@coquitlamcollege.com](mailto:jhebler@coquitlamcollege.com)) no later than 10 business days from the date the grade is posted.
2. Pay the \$50 Appeal Fee.
3. Ensure that all required documentation is attached. Submitting an incomplete form could delay the Appeal process and may result in a student not being able to apply for a final grade appeal.

This form is being submitted for (select one):

<input type="checkbox"/> Stage One Appeal	<input type="checkbox"/> Stage Two Appeal
<p>The grounds for a Stage One final grade appeal are limited to the following:</p> <ol style="list-style-type: none"> <li>a. The assessment of the final grade did not include all pieces of completed work.</li> <li>b. The assessment criteria have not been applied in a reasonable, fair and just manner.</li> <li>c. There was an error in the calculation.</li> </ol>	<p>A Stage One Appeal Decision must be complete prior to submitting a Stage Two Appeal. You must include a copy of the Stage One appeal decision with this submission.</p> <p>The grounds for a Stage Two final grade appeal are limited to the following:</p> <ol style="list-style-type: none"> <li>a. the Stage One appeal lacked procedural fairness;</li> <li>b. there is relevant new information that was not available when the Stage One appeal decision was made and that may have influenced the outcome.</li> </ol>

### Student Information

Student ID Number: \_\_\_\_\_

First and Last Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Appeal Information

Program Name (if applicable): \_\_\_\_\_

Course Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Grade Received: \_\_\_\_\_

Documents Attached:     Yes    Total Number of Pages \_\_\_\_\_

No

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Support Person(s): You may bring one support person to the Tribunal. The support person will not be allowed to speak and cannot speak on your behalf at the Tribunal. Will you bring a support person to the Tribunal?

Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Accommodations: If you need accommodations to fully participate in the Tribunal, inform the Office of the Registrar at least 5 business days prior to the Tribunal date. If this request is submitted within 5 business days, the Tribunal may need to be re-scheduled.

Do you require a spoken language interpreter?  Yes  No If yes, for which language? \_\_\_\_\_

Do you require other accommodations?  Yes  No If yes, please provide details below.

### Reason for Appeal

Provide a detailed explanation of the basis for your appeal. Include all relevant information and include a copy of all the documentation necessary to support your appeal. Attach additional pages if needed.

### Expected Outcome

What resolution would you like to see for this appeal?

### For Office Use Only

Approved  Denied

Rationale:

Action taken/required:

\_\_\_\_\_  
Administrator Signature

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