

Conduct Appeal Form

Related policies: 2.2.1 Student Academic Responsibility and 2.2.2 Student Non-Academic Conduct.

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 no later than 10 business days from the date of the decision by email to jhebeler@coquitlamcollege.com.
2. Pay the \$50 Appeal Fee.
3. Ensure that all required documentation is attached. Submitting an incomplete form could delay the Appeal process and could result in the student not being able to apply for an appeal.

I am appealing a decision made for Academic Misconduct (policy 2.2.1 Student Academic Responsibility)

The grounds for appealing the decision of the Academic Review Committee are limited to the following:

- a. the decision process lacked procedural fairness
- b. there is relevant new information that was not available at the time the decision was made and that may have influenced the outcome.

I am appealing a decision made for Non-Academic Misconduct (policy 2.2.2 Student Non-Academic Conduct).

The grounds for appealing the decision of the Academic Review Committee are limited to the following:

- a. the decision process lacked procedural fairness
- b. the disciplinary measure(s) imposed were unreasonable
- c. there is relevant new information that was not available at the time the decision was made and that may have influenced the outcome.

NOTE: You cannot appeal a recommendation to suspend the student from the College.

Student Information

Student ID Number: _____

First and Last Name (print): _____

Address: _____

Email: _____ Phone: _____

Appeal Information

Program Name (if applicable): _____

Conduct Appeal Form

Course Name (if applicable): _____

Instructor: _____

Documents Attached: Yes Total Number of Pages _____
 No

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. If more space is required, please attach additional pages.

Expected Outcome

What resolution would you like to see for this appeal?

For Office Use Only

Approved Denied

Rationale:

Action taken/required:

Vice President/Principal Signature

Date:

Distribution:

- Registrar (original signed form)
- Instructor and/or Department Head (copy)
- Student (copy)