

DOCUMENT TITLE	Student Misconduct Policy Appeals Form
DOCUMENT NUMBER	E-2.5.2
NAME OF POLICY THE DOCUMENT SUPPORTS	Student Misconduct Policy
TYPE OF DOCUMENT	Form
APPROVAL DATE	July 05, 2022
REPLACES (IF APPLICABLE)	N/A
LAST UPDATE OR AMENDMENT OR REVIEW DATE	N/A
POLICY HOLDER	VP Student Experience
RESPONSIBLE OPERATIONAL LEADER	Director Student Affairs

STUDENT MISCONDUCT POLICY APPEALS FORM

PURPOSE

This form is to be used when a student wishes to appeal the Director's/designate's decision on a student misconduct policy violation. To receive consideration, all requests must be:

Initiated within **five (5) working days** of the Student being informed of the Outcome.

An Appeal must be made in writing to the Vice-President, Student Experience and provide all the following information:

- a. The Outcome which is being appealed;
- b. The grounds for the appeal (i.e., why the Student believes the appeal should be allowed);
- c. The Outcome which the student is seeking and the reasons why;
- d. Any and all documentation and submissions relevant to the Student's appeal

Please refer to the [Student Misconduct Policy](#) and the [Student Misconduct Process](#) for details of both the process and the grounds for an appeal.

If appealing the President's decision of a suspension, please see [E-2.4.3](#).

INFORMATION PROVIDED BY STUDENT

STUDENT NAME	
STUDENT C#:	
PHONE #:	
EMAIL:	
SCHOOL/PROGRAM:	

What decision are you appealing? Please provide details.

Why are you appealing the Director's/Designate's decision? Please choose the applicable ground(s) for an appeal.

- A substantial procedural error has been made in the process;
- Evidence, not reasonably available at the time the Outcome was determined is available and the new evidence may change the Outcome;
- The Outcome imposed is unreasonable or excessive in all the circumstances

Please provide details on why you believe you meet the ground(s) selected above.

What outcome are you seeking and why? Please provide details.



BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWING:

I have read the [Student Misconduct Policy](#) and the [Student Misconduct Process](#) 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:
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