

# REQUEST FOR APPEAL OF ACADEMIC DECISION

**SECTION 1: COMPLETED BY STUDENT AND SUBMITTED TO THE ACADEMIC ADMINISTRATOR VIA EMAIL TO:**  
[academicappeals@niagaracollege.ca](mailto: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 Appeal:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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)