

Academic Appeal Assessment Request Form



Please complete this form and attach any relevant documentation (e.g. a copy of the decision letter from the Appeal Committee, a receipt for the academic appeal assessment fee, relevant correspondence, and supporting documentation).

Submit the completed form to theservicehub@senecacollege.ca and the Registrar's Office will apply the \$25 fee to your Student Centre for payment. Payment options are available on the [Registrar's website](#)

Once you have paid the fee, you will receive a proof of payment from the Registrar's office by email. Send the email receipt along with your completed appeal assessment package to the Office of the Vice-President, Academic at vpa.office@senecacollege.ca.

Please note:

- In accordance with [Seneca's Academic Appeal Policy](#), the appeal assessment request form must be submitted within 5 business days from the date recorded on the formal decision made by the Academic Appeal Committee
- Appeal assessment request form(s) submitted from an external email address (e.g. Gmail, Hotmail, Yahoo, etc.) will not be accepted

Support for the formal academic appeal process

You may request support from a Student Life Coordinator through Student Services to:

- review the policy
- familiarize yourself with the formal academic appeal process
- review your appeal package to ensure all relevant documentation is included
- prepare for your appeal meeting and set/manage expectations

Email a Student Life Coordinator at theservicehub@senecacollege.ca

STUDENT INFORMATION

Name		Student ID Number
Address	City	Postal Code
Phone Number	Seneca Email Address (Your Seneca email account will be used for all communication regarding your appeal assessment)	
Course name		

DETAILS OF THE REQUEST FOR ACADEMIC APPEAL ASSESSMENT

Course name and reason for appeal
Other academic decision being appealed:

GROUNDS FOR ACADEMIC APPEAL ASSESSMENT

<p>Select all applicable reasons for the academic appeal assessment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A substantial procedural error occurred during the Formal Academic Appeal Process; <input type="checkbox"/> New documentation or information is available that was not available at the time the appeal was heard by the Appeal Committee; <input type="checkbox"/> The sanctions imposed by the Appeal Committee are patently unreasonable or substantially disproportionate to the circumstances of offence.
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Explain how your appeal assessment specifically aligns with the ground(s) you have selected above. Please provide as much detail as possible, include your desired outcome (*Note: this text box expands to accommodate your explanation*):

Demonstrate why the original decision should be reviewed. It is very important to be thorough and include details (refer to the [Academic Appeal Procedure](#)) of the [Academic Appeal Policy](#) for information and reasons that may qualify for an academic appeal assessment.

What outcome or result are you expecting?

- Attach any documentation that is relevant to your appeal assessment.
- Attach a copy of the decision letter from the Appeal Committee.
- Attach the receipt for the \$25 appeal assessment fee.

The Appeal Assessment Committee will not re-hear the appeal but conduct a paper review to determine if there are grounds for a re-hearing. The decision of the Appeal Assessment Committee will not be the same members who heard your original appeal. Relevant information will be shared with the new Appeal Committee.

The decision of the new Appeal Committee will be final.

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Here is the [website](#) to review the Academic Appeals Policy.

Please note, that your Academic Appeal Assessment, will be treated confidentially; however, it may be necessary to contact other individuals.

DECLARATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

By emailing this form, I acknowledge the statements made herein to be accurate, complete and truthful, and that the Academic Appeal Assessment Committee may conduct an in depth investigation into my academic history, my use of student services, and seek further clarification from any persons or parties listed in both levels of this appeal.

Seneca Student email Address will be accepted as the Authorized Student Signature (no signature required)	Date dd-mm-yyyy
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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/30, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 764.0400 or email privacyoffice@senecacollege.ca.

GENERAL DATA PROTECTION REGULATION

For individuals under the governance of the European Union, the collection of personal information is also performed in accordance with the General Data Protection Regulation. For more information visit [Privacy Notice](#).

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FOR INTERNAL USE ONLY BY THE ACADEMIC APPEAL ASSESSMENT COMMITTEE

Date of the meeting: []

- The students request has been granted.

Reason for approval:

- The student's request has been denied.

Reason for denial:

Chair of Academic Appeals Assessment Committee Signature

Chair of the Academic Appeal Assessment Committee Signature:	Date dd-mm-yyyy
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The chair of the academic appeal assessment committee will draft a letter, with committee member names, date of meeting, and outcome of the meeting. This letter will be emailed and mailed out to the student and will be considered official notification for the Appeal.