

Please complete this form, obtain an electronic signature of your program chair and attach any relevant documentation (e.g. relevant correspondence, transcripts 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 package to your program chair from your Seneca email.

Please note:

- In accordance with <u>Seneca's Academic Appeal Policy</u>, the appeal request form must be submitted within 15 business days (extended temporarily from 10-days due to the COVID-19 pandemic) after final grades are posted
- Appeal 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 virtual 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 Selfor all communication regarding	
Course name and code:		
DETAILS OF THE REQUEST FOR A		t your appeal to one issue)
Select all the applicable reason details):	s for the academic appeal (refe	r to the <u>Grounds for Appeal</u> for
☐ Merit of work☐ Personal bias/unfair treatm☐ Extenuating circumstances☐ Course management	nent	
	ible, include your desired outco	you have selected above. Please me (Note: this text box expands



INFORMAL ACADEMIC APPEAL RESOLUTION ATTEMPT

$\hfill \square$ I have contacted my faculty member and I am not satisfied with the resolution.	Date of contact:	
☐ I have attempted to contact my faculty member and I have not received a response.		
Describe in detail actions taken to date to resolve the issue informally including your request of the faculty member. (Note: this text box expands to accommodate your explanation)		

To begin the formal appeal process, please obtain the signature of the program chair before submitting your appeal by email to the Registrar's Office theservicehub@senecacollege.ca and paying the \$25 appeal fee.

Your chair's signature can be obtained electronically by emailing them from your Seneca email address. The Chair will then email the signed form back to you.

Program Chair Name:	Program Chair Electronic Signature (Required)	Date:

After submitting your appeal to the Registrar's Office and paying the \$25 fee, please send your complete appeal package to your program Chair using your Seneca email. Be sure the package includes:

- any documentation that is relevant to your appeal (e.g. relevant correspondence, transcripts and supporting documentation)
- proof of payment of the \$25 appeal fee, which you will receive by email from the Registrar's
 Office

Please note: that the appeal will be treated confidentially; however, it may be necessary to contact other individuals to follow up on specific details related to this appeal.



At the Academic Appeal Committee meeting, you have the option to invite one person (e.g. a student services staff member) to attend as an observer only. Should you wish to have this person in attendance, please complete the information below.

Name:	Title:	Relationship to you:

For more information, refer to <u>Seneca's Academic Appeal Policy</u>.

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 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 Author	ized Student Date:
Signature (no signature required)	

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 Seneca 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 by phone at (416) 764.0400, by email at 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.



FOR INTERNAL USE ONLY BY THE ACADEMIC APPEAL COMMITTEE

Meeting Date:				
☐ The students request has been granted.				
Reason for approval:				
☐The student's request has been	denied.			
Reason for denial:				
Academic Appeal Committee Chair signatu Chair of the Appeal Committee Signature		Date:		

The Academic Appeal Committee Chair will draft a letter, noting the committee member names, meeting date, 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.