

Notice of Appeal Request

Office of the Registrar

Niagara Region
 1812 Sir Issac Brock Way
 St. Catharines ON L2S 3A1
 appeals@brocku.ca

STUDENT INFORMATION

First Name:	Brock Student ID Number:	
Last Name:	Faculty/Program:	
Address:	City:	Province:
Postal Code:	Phone Number:	
Brock Email:	@brocku.ca	Cell Number:

*All communication regarding your appeal will be sent to your Brock email address. It is your responsibility to check your Brock email. You will be notified of the appeal decision via your Brock email account.

APPEAL FEE SCHEDULE

- | | |
|--|---|
| <input type="checkbox"/> Academic Suspension -- \$25 | <input type="checkbox"/> Appeal of Course Grades -- \$50 |
| <input type="checkbox"/> Academic Debarment -- \$25 | <input type="checkbox"/> Appeal of Backdated Withdrawal -- \$50 |
| <input type="checkbox"/> Appeal of Academic Misconduct -- \$50 | <input type="checkbox"/> Scholarship Award Appeal -- n/a |
| <input type="checkbox"/> Academic Regulation/Policy -- \$25 | |

Information about academic regulations and university policies regarding appeals can be found online at: https://brocku.ca/registrar/senate_appeals/

APPEAL INFORMATION

Indicate the grounds for appeal for which you are applying (choose one):

- Compassionate
 Medical
 Course Management
 Procedural Error

DESCRIPTION OF CIRCUMSTANCES

In an attached letter, describe the circumstances surrounding your appeal. Also, outline what decision/outcome you are hoping for from the Senate Student Appeal's Board (i.e. opportunity to re-write a final exam, reduction of penalty, removal of academic suspension). Record any steps that you have taken on this matter, including appeals made to the Instructor, Director Chair, and Faculty Dean. Ensure you attach a copy of each decision related to this matter.

DOCUMENTATION

All forms, documents and decision letters from previous levels of appeal must be attached. In the space provided, list (in chronological order of the events) the documents that you have included to support your claim.	Date	Document Type
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	

HEARING INFORMATION *ONLY FOR WHEN HEARINGS OCCUR

If your appeal involves a charge of **Academic Misconduct**, a **Change of Grade**, or a **Backdated Withdrawal**, you are entitled to a hearing and may have an advisor (University Ombuds, Faculty, Staff, or currently registered student) assist you with your appeal.

Select one:

- I will not be accompanied by an advisor
- I will be accompanied by

Name: _____ Relationship to you: _____

Note: you are responsible for ensuring the availability of your advisor for the hearing and for notifying that person of the date, time and location of the hearing. Please refer to the Academic Regulations and University Policies section of the Undergraduate calendar for a list of who shall NOT participate or contribute to your hearing.

APPEAL SUBMISSION AND PAYMENT STEPS

1. Complete this Notice of Appeal Request.
2. Print this form, and all supporting documentation for your appeal.
3. Scan this form, and all supporting documentation into one PDF.
4. Submit your appeal request online via your student portal at my.brocku.ca.
5. Once you are logged in to your student portal, submit your request via the **Student Forms & Services Requests tab**.
6. Appeals will only be processed upon receipt of the associated appeal fee submitted online via your student portal.

* Please note your academic record will automatically be included in your appeal package including your program status, course marks and history of academic penalties (if applicable)

SIGNATURE AND DECLARATION

I have read and understood the Senate Student Appeals Policies and Procedures of Brock University. I certify that the documents I have submitted are authentic and that the statements I have made are true, and I acknowledge that the submission of false documents or statements is a violation of the Brock University Academic Integrity Policy. I confirm that I have submitted all relevant information pertaining to this appeal.

I understand that the Senate Student Appeals Board will treat this information in a confidential manner. I understand that, other than material presented by me or the respondent, and any relevant academic records, no other materials will be considered by the Senate Student Appeals Board in this appeal without the consent of both parties.

I understand that the decision of the Senate Student Appeal Board is final in this matter.

Student Signature: _____ Date: _____

PROTECTION OF PRIVACY

The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to Curriculum Management, Policy & Outreach at Brock University in MCA 325, or at 905-688-5550, ext. 3249 or appeals@brocku.ca or see www.brocku.ca/registrar.