

Please note, you must download and save this form. You can then complete the form using Adobe Acrobat.

## LEVEL 1 ACADEMIC APPEAL FORM

### Section A – Student Details

Adhering to Sheridan’s Academic Appeals and Consideration Policy and Procedure, this form is to be completed by a student who believes that he/she has received an unfair academic decision from the College. Please refer to the Procedure for associated timelines and note the following:

- if you are considering an academic appeal, you are encouraged to consult with Student Advisement (askanadvisor@sheridancollege.ca) or the Faculty Office.
- filling out this form does not guarantee a meeting with your Associate Dean or designate

### Student Information

NOTE: Your Sheridan email account will be used for all communication from the College regarding your appeal.

**Type of Appeal (check the appropriate box)**

**Grounds of Academic Appeal (check the appropriate box)**

**Explanation of the academic decision you are appealing indicating why you feel it was unfair. Be thorough and complete with your details as it is your responsibility to demonstrate why your final grade or academic decision should be reviewed. (Must be typed in the box below). If you are appealing a breach of academic integrity, please identify the Course Code, Course Name, Sanction Date and Professor Name in the box below.**

It is the student's responsibility to demonstrate through clear evidence that appropriate grounds for appeal exist and that their appeal should be considered. Please attach any relevant documentation (JPG or PDF format files) to support the issues and grounds of your appeal. Retain all original documents until your appeal is complete. Please check the box to the right indicating that you have provided supporting documentation.

**Desired Outcome (describe the appeal result you wish to receive.) (Must be typed in the box below)**

By checking this box, I declare that the information stated above is true, correct and complete. I understand submitting an incomplete form and/or missing documentation(s) may be grounds for denial. You may then proceed to email the form to [academicappeals@sheridancollege.ca](mailto:academicappeals@sheridancollege.ca)

**Section B - FOR OFFICIAL USE ONLY**

\* Provide form to both Academic Faculty & Director of Career Education

\*\*Provide form to both Academic Faculty & Placement/Practicum Lead

**Resulting Outcome - Type in the space below**

NOTE: If the appeal results in a change to a final grade, the Associate Dean or designate will complete a Grade Change Form and forward it to the Office of the Registrar for processing

**Rationale for Decision**

**Rationale for Decision (continue)**