

Academic Appeal Request Form

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@senecapolytechnic.ca.

Send your completed appeal package to your program chair from your Seneca email.

Please note:

- In accordance with [Seneca's Academic Appeal Policy](#), the appeal request form must be submitted within 15 business days 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@senecapolytechnic.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).	
Course name and code:		

DETAILS OF THE REQUEST FOR ACADEMIC APPEAL (Please limit your appeal to one issue)

GROUND(S) FOR THE FORMAL ACADEMIC APPEAL

Select all the applicable reasons for the academic appeal (refer to the [Grounds for Appeal](#) for details):

- Merit of work
- Personal bias/unfair treatment
- Extenuating circumstances
- Course management

Explain how your appeal 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*):

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INFORMAL ACADEMIC APPEAL RESOLUTION ATTEMPT

<input type="checkbox"/> I have contacted my faculty member and I am not satisfied with the resolution.	Date of contact:
<input type="checkbox"/> 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 Chair responsible for your program or course.

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:
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After submitting your appeal to The Service Hub, 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)

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.

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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:
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For more information, refer to [Seneca Polytechnic's Academic Appeal Policy](#).

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 Authorized Student Signature (no signature required)	Date:
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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 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@senecapolytechnic.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 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 signature:

Chair of the Appeal Committee Signature:	Date:
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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.