

# FORMAL APPEAL

**Type of Appeal**

Plagiarism

Final Grade

Other

Date of Appeal

Counselor's name

Student ID

Last name

First Name

Email address

Phone

Term

Year

Student signature

## Course you wish to be re-graded

Course name and section

Date of consultation with instructor

Instructor name

Dean name

**Mark received**

Grade

Percentage

Reason for appeal

What is being appealed

## Office Use Only

Date paid

Date sent to Dean's Office

Appeal fee \$

**Adjudicator's  
recommendation**

Approved

Denied

Received by

Revised mark

Grade

Percentage

Comments

Chair of Academic Board signature

Date