

## 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 an unfair academic decision was made from the College. Please refer to the [Academic Appeals and Consideration Procedure](#) for associated timelines and be advised of the following:

- If you are considering an Academic Appeal, you are encouraged to consult with [Student Advisement](#) or the Faculty Office.
- Completion of this form does not guarantee a meeting with your Associate Dean or designate.

### Student Information

Appeal Date (mm/dd/yyyy) \_\_\_\_\_

Student Number \_\_\_\_\_

Student Name \_\_\_\_\_

Sheridan Program (Eg. Practical Nursing) \_\_\_\_\_

\*Sheridan Email Address \_\_\_\_\_

Campus

Trafalgar

Davis

Hazel McCallion

Virtual

\*Note: Your Sheridan email account will be used for all communications from the College regarding your appeal.

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

Final Grade Decision

Academic Suspension

Sanctions due to Academic Integrity Breach

Prior Learning Assessment and Recognition (PLAR)

Advanced Standing Review

Other \_\_\_\_\_  
Please specify

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

- Academic Evaluation       Course Management       Compassionate  
 Medical       Procedural Error

Course Code \_\_\_\_\_

Course Name \_\_\_\_\_

Professor Name \_\_\_\_\_

## Resolve Attempt

I have contacted my faculty and I am not satisfied with the resolution. \_\_\_\_\_  
Date of contact (mm/dd/yyyy)

I have attempted to contact my faculty and I have not received a response.

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 – type in the box below)

- By checking this box, I declare that the information stated above is true, correct, and complete.  
 I understand that submitting an incomplete form and / or missing documentation(s) may be grounds for denial.

You may then proceed to email the form to [appeals@sheridancollege.ca](mailto:appeals@sheridancollege.ca).

**Section B: For Official Use Only**

**Decision** (check the appropriate box)

- Appeal Denied
- Appeal Approved
- Alternate Resolution (please specify below)

**Resulting Outcome – Type in the box 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**

Date (mm/dd/yyyy) \_\_\_\_\_

Associated Dean or Designate \_\_\_\_\_

Date Copy of Form Emailed to Student \_\_\_\_\_

\_\_\_\_\_  
Signature of Associate Dean or Designate