

**PLEASE READ CAREFULLY**

Student Appeals is for a student wishes to appeal a decision based on academic determination(s) or non-academic determination(s).

Before submitting a student appeal application, students must have pursued and exhausted all other reviews, appeals, or remedies provided by Capilano University's other policies and procedures.

For a Student Appeal application to be reviewed by a Student Appeals Tribunal, the application must be deemed complete by the Registrar/Delegate and must meet one of the stated grounds found in the Student Appeals Policy. It is the responsibility of the student to demonstrate the grounds for an appeal against the stated policy.

The determinations from the Tribunal of the Student Appeals Committee is final, and there is no further right to appeal within Capilano University.

Please review [Policy B.109 Student Appeals](#) and [Procedure B.109.1 Student Appeals Procedure](#) for more information.

**WHERE TO SUBMIT AN APPLICATION**

**Email** your application form **from your my.capilano.ca email** to [studentappeals@capilano.ca](mailto:studentappeals@capilano.ca) with the subject line: *Student name, Student number* – Student Appeal Application.

**Mail** your application to the attention of the Assistant to the Registrar, Registrar's Office, Room 230, Birch Building, 2055 Purcell Way, North Vancouver, B.C., V7J 3H5

**APPLICATION CHECKLIST**

- Is it within twenty-one (21) calendar days of receipt of the decision that you wish to appeal under this policy? If not, did you include an explanation for the late application in your personal statement?**
- Did you complete in full Part A, B, C, and D of the Student Appeal Application form?**
- Did you include followings in your Personal Statement?**
  - a. State the Grounds of Appeal
  - b. Provide an opening sentence which clearly states the desired outcome
  - c. Chronological timeline of events
  - d. Provide a detailed explanation of why are appeal the decision
  - e. State the steps that you took and all attempts to resolve the matter (include all correspondence, tests/assignments, etc.)
  - f. Indicate remedies sought before submitting an appeal application
- Did you name all supporting documents and refer to in your personal statement?**

Please note:

  - Supporting documents should be Original supporting documentation in English, ensure that the documentation includes date(s), with authorization to verify documentation.
  - Documentation of communication with university officials must support all details made in your statement.
  - Supporting documents are not returned unless requested at the time of submission.
  - Supporting documents can be letter from your doctor, counsellor, licensed mental health professional, CapU Accessibility Services, death certificate (showing your relationship to the deceased is required), police report, insurance claim, airline itinerary, employment letter, tests, and assignments.
- Did you sign and date the Declaration and Consent?**
- Are you emailing your application form from your my.capilano.ca account?**

**PART A – STUDENT INFORMATION**

LEGAL LAST NAME/FAMILY NAME

LEGAL FIRST NAME

STUDENT NUMBER

CAPU EMAIL

PHONE NUMBER

**PART B – DOCUMENTS ATTACHED**

NAME: Personal Statement

NAME: Decision letter (you wish to appeal on this application)

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

**PART C – DECISION BEING APPEALED**

 Check **ONE** decision box that is being appealed.

**Academic Appeals**

- Extenuating Circumstances Withdrawal
- Admission / Readmission
- Final Grade Appeal
- Sanction imposed under Academic Integrity Policy
- Decision under any other University Policy that impacts academic standing  
(Policy name: \_\_\_\_\_)

**Non-academic Appeals**

- Sanction imposed under Student Code of Conduct Policy
- Sanction imposed under Sexual Violence and Misconduct Policy
- Decision under any other University Policy that impacts non-academic standing  
(Policy name: \_\_\_\_\_)

**PART D – GROUNDS OF AN APPEAL**

Check the box which is the grounds of your appeal.

- On the balance of probabilities, that an injustice or error occurred when the determination of fact was made
- A policy was incorrectly applied
- The adjudicating body exceeded its legitimate jurisdiction or authority
- Important evidence was ignored

**PART E – ORAL HEARING** \*only in the case of expulsion

 Oral Hearing  Yes  No

 Please complete the following if you plan to retain  legal counsel or  agent

NAME	NAME OF FIRM	PHONE
EMAIL	ADDRESS	

**PART F – WITNESSES** \*only in the case of an oral hearing

NAME AND ROLE	NAME AND ROLE
NAME AND ROLE	NAME AND ROLE

**DECLARATION AND CONSENT**

By signing below, I, \_\_\_\_\_, confirm I have read and understand the process, expectations, and outcomes of my Appeal request and ;

- i. I have accurately represented my circumstances on this form and in my statement.
- ii. I am aware university officials may verify my supporting documentation. I have notified these professionals and have given permission for this contact.
- iii. If applicable, I understand that my instructors may be contacted to discuss my appeal, attendance and academic performance.
- iv. I am aware that this request will be recorded on my confidential student file and may be consulted in consideration of other requests in, both current and in the future.
- v. I confirm my application is complete and understand it will be assessed as is.

Student ID: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_