

## Academic Integrity Appeal to Academic Council

**Office of the Registrar**

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**OFFICE USE ONLY**

Date received: \_\_\_\_\_ ID: \_\_\_\_\_

*Use this form ONLY if you are submitting a formal appeal to Academic Council.*

*The \$50 fee must be paid before this appeal will proceed.*

*The fee will be refunded if your appeal is successful.*

*You may only request an appeal to Academic Council's Appeals Committee once you have exhausted the first and second stages of review through the faculty member and the Department Chair.*

Today's Date (yyyy/mm/dd): \_\_\_\_\_

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

Last name: (LAST) \_\_\_\_\_

Given Names: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Program of Study: \_\_\_\_\_

**Finance Use Only:** Confirm fee paid \_\_\_\_\_

Signature

Date

Enter the review/appeal information in the space provided below. If you need additional space, please attach a separate MS Word document with the questions clearly indicated.

1. What is the **the course # and name and the faculty name** for this course?
  
2. What was the grade awarded or the educational assignment imposed?
  
3. Provide a clear and concise summary of the decision(s) which you wish to have reviewed or appealed.

## Appeal to AC (continued)

4. Outline the specific steps to date you have taken to resolve this issue: *(Please provide specific dates and details and include the names of all UCW faculty and staff with whom you have discussed this matter.)*
  
5. Summarize the reason for your appeal. Why do you want to appeal this decision? *(Be as specific as possible about **why** you are requesting this decision be overturned or changed.)*
  
6. Describe outcome you seek. Please be specific.
  
7. Do you intend to call any witnesses on your behalf?
  - a. Yes \_\_\_\_ No \_\_\_\_
  - b. If **Yes**, please provide their names and contact information:
  
8. Are there any documents that you want the Appeal Committee to review? Yes \_\_\_\_ No \_\_\_\_  
If Yes, enclose the documents with this form. Present your evidence in concise, chronological order.

I hereby affirm that the information on this form is an accurate description of the circumstances that led to this appeal. I also understand that University Canada West is committed to using personal information collected in accordance with applicable provincial and federal privacy legislation. By completing this form, I am consenting to have the University use the submitted information for the purposes consistent with academic and support services of a post-secondary educational institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit this completed form with all your supporting documentation to [ucw.registrar@myucwest.ca](mailto:ucw.registrar@myucwest.ca) or directly to the Registrar's Office.**