

## Academic Integrity Review Request to Chair

**Academic Department**  
3rd Floor 1462 Granville St.  
Vancouver, BC V6Z 1N2  
Email: academic.department@myucwest.ca

**OFFICE USE ONLY**

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

**Use this form ONLY if you have already completed an informal academic integrity review with your instructor.**  
This **second stage** of the academic integrity review process is used only if you wish to have the instructor's decision reviewed through an informal appeal to the Department Chair.

Today's Date (YYYY-MM-DD): \_\_\_\_\_ Student # \_\_\_\_\_

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

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

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

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

1. State the **course number and name & the faculty name** teaching this course.
2. What was the educational assignment imposed (rewrite & resubmit; complete plagiarism module etc.)?
3. Provide a clear and concise summary of the decision(s) which you wish to have reviewed by the Chair.

## Academic Integrity Appeal to Chair (continued)

4. Outline the specific steps 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 review request to the Chair. Why do you think the decision needs review? (Be specific about **why** you are requesting this decision to be overturned or changed.)
6. Describe the 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 you want the Chair to review? Yes \_\_\_\_ No \_\_\_\_  
**If Yes**, enclose the documents with this form. **Explain 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 directly to your department chair and the Student Rights & Responsibilities Advisor by emailing [studentrights@ucanwest.ca](mailto:studentrights@ucanwest.ca). Also send an email copy of the review request package to the Academic Department by emailing [academic.department@myucwest.ca](mailto:academic.department@myucwest.ca).**