

DOCUMENT TITLE	Academic Integrity Appeals Form
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REPLACES (IF APPLICABLE)	E – 2.4.2 (Request for a Final Stage Appeal Form)
LAST UPDATE OR AMENDMENT OR REVIEW DATE	N/A
POLICY HOLDER	VP Education
RESPONSIBLE OPERATIONAL LEADER	Dean/Director/Registrar

ACADEMIC INTEGRITY APPEALS FORM

PURPOSE

This form is to be used when a student wishes to appeal a Dean’s/Director’s/designate’s decision on an academic integrity matter to Education Council’s Academic Appeals Panel. If appealing the President’s decision of a suspension, please use [Form E-2.4.3](#). To receive consideration, all requests must:

1. Be made within **five (5) business days** of the decision being issued by the Dean/Director/designate;
2. Have **valid grounds for an appeal**, as identified in the Policy;
3. Must be submitted to the academicappeals@camosun.ca.

Please refer to the [Academic Integrity Policy](#) and the [Process for Documenting and Addressing Academic Misconduct Supporting Document](#) for details of both the process and the grounds for an appeal.

INFORMATION PROVIDED BY STUDENT

STUDENT NAME:	
STUDENT C#:	
PHONE #:	
EMAIL:	
SCHOOL/PROGRAM:	
COURSE NUMBER & NAME:	

NAME OF INSTRUCTOR:	
NAME OF CHAIR/PROGRAM LEADER:	

What decision are you appealing? Please provide details.

Why are you appealing the Dean's/Director's/Designate's decision? Please choose the applicable ground(s) for an appeal.
<input type="checkbox"/> A substantial procedural error has been made or a bias present in the process;
<input type="checkbox"/> New evidence is available that is likely to change the outcome of the violation;
<input type="checkbox"/> The outcome(s) imposed is disproportionate to or inconsistent with the nature of the offence.

Please provide details on why you believe you meet the ground(s) selected above.

What outcome are you seeking and why? Please provide details.

BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWING:

- I have read the [Academic Integrity Policy](#) and the [Process for Documenting and Addressing Academic Misconduct Supporting Document](#) and understand the Policy and its applicable processes.
- I have completed this form to the best of my ability. The information I provided above is accurate and complete.
- I have provided all supporting documentation that is relevant to this appeal request.

STUDENT'S SIGNATURE:	DATE:
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