



ACADEMIC APPEAL FORM

Please ensure accurate information when submitting this form in-person or to info@slc-alpha.ca

| | | |
|---|--------|----------------------|
| NAME: | | STUDENT ID: |
| EMAIL: | | |
| CONTACT NUMBER: | | INSTRUCTOR: |
| COURSE: | GRADE: | DATE GRADE RECEIVED: |
| Did you speak with your instructor regarding your grade? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| What was the instructor's response? | | |
| The reason for my request is <i>(Outline fully why you believe you deserve another grade)</i> : | | |
| STUDENT SIGNATURE: _____ DATE: _____ | | |
| OFFICE USE ONLY | | |
| Received by: _____ Date received: _____ Advisor's initial: _____ | | |