

PLEASE READ CAREFULLY

For an Appeal application to be reviewed by the Student Appeals Committee, the application must be deemed complete by the Registrar/Delegate and must meet the criteria outlined in [Policy B.109 Student Appeals](#). It is the responsibility of the student to demonstrate the grounds for an appeal against the stated policy.

Before filing an appeal under [Policy B.109 Student Appeals](#), students must have pursued and exhausted all other reviews, appeals, or remedies provided by Capilano University's other policies and procedures.

As per the Student email policy, Policy E.602, Capilano University Student Email is the official email student address to which the University will send and accept email correspondence. Students are responsible for recognizing that communications may be time sensitive, and are expected to check their CapU email account on a frequent and consistent basis.

APPLICATION CHECKLIST

- An application for appeal submitted within twenty-one (21) calendar days of receipt of the decision that the appellant wishes to appeal under this policy.
If not, explain the late application in your statement.
- Complete in full Part A, B, C, and D of the Student Appeal Application form.
- 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
 - g. Documentation of communication with university officials must support all details made in your statement.
- Supporting Documentation**

Original supporting documentation in English, ensure that the documentation includes date(s), with authorization to verify documentation i.e., 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.

All documents attached must be named and referred to in your statement.

Supporting documents are not returned unless requested at the time of submission.
- Sign and date the Declaration and Consent**

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: _____

HOW TO SUBMIT AN APPLICATION

Email your application form from your my.capilanou.ca email to studentappeals@capilanou.ca with the subject line: *Student name, Student number – Student Appeal Application.*

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

PART A – STUDENT INFORMATION		
LEGAL LAST NAME/FAMILY NAME	LEGAL FIRST NAME	DOMESTIC / INTERNATIONAL STUDENT
STUDENT NUMBER	CAPU EMAIL	PHONE NUMBER
PART B – DOCUMENTS ATTACHED		
NAME:		
NAME:		
NAME:		
NAME:		
NAME:		
PART C – DECISION BEING APPEALED		
Check ONE decision box that is being appealed		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Academic Appeals</p> <input type="checkbox"/> Extenuating Circumstances Withdrawal <input type="checkbox"/> Admission / Readmission <input type="checkbox"/> Final Grade Appeal <input type="checkbox"/> Student Academic Integrity Policy </div> <div style="width: 45%;"> <p>Non-academic Appeals</p> <input type="checkbox"/> Student Code of Conduct <input type="checkbox"/> Sexual misconduct </div> </div>		
PART D – GROUNDS OF AN APPEAL		
<i>Check the box which is the grounds of your appeal.</i>		
<input type="checkbox"/> On the balance of probabilities, that an injustice or error occurred when the determination of fact was made;		
<input type="checkbox"/> A policy was incorrectly applied;		
<input type="checkbox"/> The adjudicating body exceeded its legitimate jurisdiction or authority; or,		
<input type="checkbox"/> Important evidence was ignored.		
PART E – ORAL HEARING *only in the case of expulsion		
Request for an Oral Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please complete the following if you plan to retain <input type="checkbox"/> legal counsel or <input type="checkbox"/> agent		
NAME	NAME OF FIRM	PHONE
EMAIL	ADDRESS	
PART D – WITNESSES *only in the case of an oral hearing		
NAME AND ROLE	NAME AND ROLE	
NAME AND ROLE	NAME AND ROLE	