**FORM A**

|  |  |
| --- | --- |
| **REQUEST FOR APPEAL OF A FINAL COURSE MARK** | |
| LAKEHEAD UNIVERSITY OFFICE OF THE DEAN OF: |  |

|  |  |  |
| --- | --- | --- |
| Surname: | Given Name: | Student Number: |
|  |  |  |
| **LOCAL ADDRESS will be used during the current Academic Session.**  **HOME ADDRESS will be used after the current Academic Session.**  APPEAL: Please refer to the *Senate Policy Regarding Academic Appeals* at https://www.lakeheadu.ca/faculty-and-staff/policies/student-related/reappraisal-and- academic-appeals | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Subject: | Course Number: | Session When Taken: | Instructor’s (s’) Name(s): |
|  |  |  |  |

|  |  |
| --- | --- |
| I make application to request the appeal of a final course mark.  **REASON: (No more than 2 pages)** | |
| **Today’s Date:** | **Signature of Student** (may be electronic): |
|  |  |

|  |  |  |
| --- | --- | --- |
| **FOR FINANCE OFFICE USE ONLY** FEE: $45.00 (per course) | | |
| Receipt No.: | Amount $: | Date of Receipt: |
|  |  |  |
| IT IS THE STUDENT’S RESPONSIBILITY TO RETURN THE COMPLETED APPLICATION TO THE OFFICE OF THE DEAN. | | |

|  |  |
| --- | --- |
| **FOR DEAN’S OFFICE’S USE ONLY** | |
| **DATE RECEIVED:** | Office of the Dean of the Faculty of: |
|  |  |

Personal information on this form is collected pursuant to section 14 of the Lakehead University Act and will be used to process a request for appeal of an academic decision other than a final course mark. Any questions on this collection should be directed to the University Officer to whom the appeal is directed.