**FORM A**

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

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| Surname: | Given Name: | Student Number: |
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| **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 |

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| Subject: | Course Number: | Session When Taken: | Instructor’s (s’) Name(s): |
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| 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): |
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| **FOR FINANCE OFFICE USE ONLY** FEE: $45.00 (per course) |
| Receipt No.: | Amount $: | Date of Receipt: |
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| IT IS THE STUDENT’S RESPONSIBILITY TO RETURN THE COMPLETED APPLICATION TO THE OFFICE OF THE DEAN. |

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