**FORM B**

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| **REQUEST FOR APPEAL OF AN ACADEMIC DECISION**  **OTHER THAN A FINAL COURSE MARK** | |
| LAKEHEAD UNIVERSITY OFFICE OF THE DEAN OF (or APPLICABLE UNIVERSITY OFFICE): |  |

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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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| I make application to request the appeal of an academic decision other than a final course mark | |
| **NATURE OF APPEAL and REASONS: (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 OR APPLICABLE UNIVERSITY OFFICE. | | |

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| **FOR DEAN’S OR APPICABLE UNIVERSITY OFFICE’S USE ONLY** | |
| **DATE RECEIVED:** | Office of the Dean of the Faculty or Applicable University Office: |
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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.