

**FORM A**

**REQUEST FOR APPEAL OF A FINAL COURSE MARK**  
LAKEHEAD UNIVERSITY OFFICE OF THE DEAN OF \_\_\_\_\_

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

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

<b>FOR FINANCE OFFICE USE ONLY</b>		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.		
<b>DATE RECEIVED</b>		
By office of the Dean of the Faculty:		

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 a final course mark. Any questions on this collection should be directed to the University Officer to whom the appeal is directed.