

FORM B

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
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 <i>Senate Policy Regarding Academic Appeals</i> at https://www.lakeheadu.ca/faculty-and-staff/policies/student-related/reappraisal-and-academic-appeals		

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

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 OR APPLICABLE UNIVERSITY OFFICE.		
DATE RECEIVED		
By office of the Dean of the Faculty or Applicable University Office:		

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.