

# APPEAL FORM



EFFECTIVE DATE WILL BE THE DATE THIS FORM IS RECEIVED BY REGISTRATION AT ANY CMTN CAMPUS OR THE REGISTRAR'S OFFICE

Student Number:	Surname/Last Name:	First Name:
Year:	Term:	Program/Course:
Street Address:		City:
Postal Code:	Phone:	E-mail:

**NATURE OF APPEAL OR COMPLAINT:**

- Academic Appeal
- Refund Appeal
- Admission Appeal
- Other:

Provide a detailed description:

[If you need additional space, continue on the reverse or attach additional page(s).]

Note: It is expected that students will have first attempted to address their concern directly. This form is to assist with initiating the formal process to resolve the concern. Please outline the circumstances surrounding your appeal or complaint, including the specific remedy sought. Attach copies of any documents that support your concern.

**\*Prior to completing an Appeals Form, review all Policy and Procedures information related to your appeal. Policy information is available at: <https://www.coastmountaincollege.ca/about-cmtn/policies-and-procedures/education> (About Us|Policies and Procedures|Education Policies).**

PROGRAM/COURSE DETAILS				
Programs/Course Name	Course No.	Sect No.	Actual Start Date (actual start date completed by College)	Instructor/ Admissions Officer (print name + sign)

_____ Student's Signature	_____ Office Authorization Signature	_____ Date
_____ Dean's Signature (if applicable)	_____ Office Authorization Signature	_____ Date
_____ Registrar's Signature (if applicable)	_____ Office Authorization Signature	_____ Date

**COMMENTS - OFFICE USE ONLY**