Application to Appeal Final Grade

coast mountain college

First Name:		Last Name:	
Email:		Student ID:	
Course:		Section:	
Instructor:		Campus:	

For full Policy and Procedures please refer to:
https://www.coastmountaincollege.ca/docs/default-source/policies/education-policies-and-procedures/education-policies/academic-integrity-and-appeals-policy.pdf

- ☐ I have discussed the unsatisfactory grade with my instructor and/or coordinator
- ☐ I have paid the $25 fee (required for all grade appeals, refunded if appeal is successful)
- ☐ This appeal is being submitted within ten (10) working days from the date of the grade being posted
- ☐ This appeal is based on grounds outlined in the Policy and Procedures

Please outline the circumstances surrounding your appeal including the specific remedy sought. Attach copies of any documents that support your concern. If you need additional space, continue on the reverse or attach additional page(s).

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Student signature: _____ Date: _____

Please submit completed form to your local Registration Office or directly to COLT@coastmountaincollege.ca

COMMENTS - OFFICE USE ONLY
Processed by:
Decision: