

A Student may apply to appeal an Academic Integrity Incident ruling **ONLY** if:

- (1) there was an alleged bias of the Academic Integrity Board or one of its members, or
- (2) alleged failure by the Academic Integrity Board to comply with the principles of natural justice or procedural fairness, or
- (3) substantial new evidence previously unavailable to the Academic Integrity Board is now available.

This form must be submitted to the Office of Student Conduct within FIVE (5) working days after the decision was rendered by the Academic Integrity Review Board. This form must be completed in ink. Please print.

SECTION A: (To be completed by the Student or Faculty Member)

Last Name: _____ First Name: _____ Initials: _____

Student ID Number: _____ Date of Incident: (dd/mm/yyyy) _____

Course Name: _____ Course Number: _____ Course section: _____

Please provide a brief summary of the decision being appealed and grounds for appeal. Please attach a copy of the **Academic Integrity Incident Report** form for submission with this document. *(Please attach separate sheet if insufficient space)*

Please state expected remedy or suggested resolution of appeal: *(Please attach a separate sheet if insufficient space)*

Signature: _____ Date: (dd/mm/yyyy) _____

SECTION B: (To be completed by the Chairperson of the Academic Integrity Appeal Board)

Decision to proceed on this Appeal is:

- Approved *(will be forwarded to the Academic Integrity Appeal Board for Review)*
- Rejected

Incident # _____
To be completed by the Office of Student Conduct

Comments: _____

Signature of Chairperson of Non-Academic Misconduct Appeal Board _____ Date (dd/mm/yyyy) _____

SECTION C: (To be completed by the Academic Integrity Appeal Board)

DECISION OF THE ACADEMIC INTEGRITY APPEAL BOARD IS FINAL.

Decision of the Board is: _____

Signature of Chairperson of Academic Integrity Appeal Board _____ Date (dd/mm/yyyy) _____

President Signature required only if the recommendation is:

- Rescission of Credential
- Dismissal
- Suspension
- Expulsion

Signature of President _____ Date (dd/mm/yyyy) _____

Freedom of Information and Protection of Privacy: The information that you provide on this form is collected under the authority of the Colleges Act and the Freedom of Information and Protection of Privacy Act of the Province of Alberta. It will be used for identification purposes and to process the request outlined on this form. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the Collection or use of this information, contact the Office of the Registrar, A101, Kerby Hall, (403) 440-6346.