

Student Appeal

Broadway campus 1155 East Broadway, Vancouver, B.C. V5T 4V5 **Downtown campus** 250 West Pender St., Vancouver, B.C. V6B 1S9 **p**: 604.871.7000, option 8 **f**: 604.443.8450 **e**: records@vcc.ca

www.**vcc.ca**

continued on next page -

Please submit to the Registrar's Office or the Continuing Studies Office (if a Continuing Studies course or program).

- You will be notified of the decision in writing by mail.
- Appeals will be reviewed by the appropriate departments.
- All decisions are final.

IVDA	Δ t a	nnaa
IVDE	UI a	ppeal

What policy does this appeal fall under? Policies can be found at www.vcc.ca

- Refund Appeal Policy
 (once a refund appeal has been submitted you will be removed from the course or program)
- General Appeal
 (if your appeal does not fall under the policy above please select this option)

Personal informati	ion		Student ID
Last name (family name)	First name	•••••	
Address			
City	Province	Postal code	
Phone number	Email		
Student signature	Date		
Complete all section	ons that apply to your appeal		
Program			
Course		CRN	Grade received
Instructor			
Documents attached: ☐Yes, n	number of pages		

Reason for appeal Provide complete information, including any documents to support your request: What action(s) would you like to see taken? If more space is required, please attach additional pages. Office use only □Approved **□**Denied

Date

Administrator signature