

REQUEST FOR AN APPEAL TO EDUCATION COUNCIL FORM

Appeal to Education Council on Educational Matters Policy 321

INSTRUCTIONS FOR STUDENTS

Read the Policy and Procedures for Appeal to Education Council on Educational Matters 321 and consult with a Students' Union of Vancouver Community College (SUVCC) Student Advocate and/or the VCC Arbiter of Student Issues. Nothing in this form overrides written policy and procedures.

Prepare for your Education Council Appeal Tribunal Hearing. It is **strongly** recommended that you use the services of the SUVCC Student Advocate and/or those of the VCC Arbiter of Student Issues to prepare for your Tribunal Hearing.

Steps to Request an Appeal to Education Council

- 1. The Request for an Appeal to Education Council Form must be completed in its entirety and returned to the Registrar's Office.
- 2. You are required to file the Form within 20 business days of the date when you were notified of the decision you are appealing. Appeal requests after 20 business days <u>may</u> be considered at the sole discretion of the Tribunal.
- 3. You will be contacted by the Chair of the Tribunal as to whether or not the Tribunal will hear your Appeal.
 - 1. If your Appeal is to be heard, you will be provided with a date for your Tribunal Hearing. All questions about the Tribunal Hearing should be directed to the Chair and/or discussed with your SUVCC Student Advocate and/or the VCC Arbiter of Student Issues.
 - 2. If the decision of the Tribunal is not to hear your Appeal, you will be notified and provided with a rationale. You will not be able to re-appeal without further evidence or information. There is no automatic extension of the 20 business day submission deadline in this circumstance. Your re-application may be considered only at the discretion of the Tribunal.



Date of Request: _		
PART A: Student	Information	
Student Name:		
Student Number:	Program/Course/Area:	
Mailing Address:		
Phone Number:	Email:	
PART B: Decision	Being Appealed	
Please attach a cop	y of the written decision and rationale which you are appealing.	
D	ecision is attached? \square Yes \square No	
Person or Committ	ee whose decision is being appealed:	
Date you were notif	fied of the decision you are appealing:	
PART C: Grounds	for Appeal	
On what grounds a	re you submitting your appeal? Grounds for appeals are limited to the following:	
	of Due Process/Procedural Fairness rant New Information	
Provide a detailed description of the relevant following ground(s) for your appeal:		
Lack of Due Proces	ss/Procedural Fairness: Explain the details of the breach of due process or procedural pples.	
	[Maximum number of characters has been reached. Attach additional pages if required.]	



time the decision was made that may have influenced the outcome.
[Maximum number of characters has been reached. Attach additional pages if required 1
[Maximum number of characters has been reached. Attach additional pages if required.]
PART D: Additional Supporting Documentation/Evidence/Information
f you have additional documents/evidence/information you believe support your appeal, list them below and attach a copy to this form.
Fotal Number of Additional Documents Submitted*:
1. Document Name:
2. Document Name:
3. Document Name:
4. Document Name:
* Attach additional pages if required.
PART E: Witnesses at the Tribunal Hearing
Do you intend to call witnesses: \square Yes \square No
f yes, please list the names of all witnesses and a brief summary of their evidence:
Witness Name:
Summary of Evidence:
[Maximum number of characters has been reached. Attach additional pages if required.]



Witn	ness Name:					
ı	Summary of Evidence:					
	[Maximum number of characters h	nas been re	eached. A	Attach additional pages if	required.]	
* Att	tach additional pages if required.					
PAR'	RT F: Support Person at the Tribunal Hearing	g				
	You may bring one support person to the Tribunal Hearing. The support person is not allowed to speak at the Hearing and cannot speak on your behalf.					
Willy	you bring a support person to the Hearing?		Yes	\square No		
Nam	ne:		Relation	nship:		
DAR.	RT G: SUVCC Student Advocate at the Tribur	nal Hoar	ina			
you a	You may bring an SUVCC Student Advocate to the Tribunal Hearing to advise and represent you. However, you are expected to fully participate in the Tribunal Hearing and answer any direct factual questions asked by the Tribunal.					
Willy	you bring an SUVCC Student Advocate:		Yes	\square No		
Nam	ne of SUVCC Student Advocate:					
PAR [*]	RT H: Accommodations					
inter Hear	may request accommodations needed to full rpreter) and should inform the Chair of such r ring. If you request accommodations within fieduled to fulfill the request.	requirem	ents fiv	ve (5) business days p	rior to the Tribunal	
Do y	ou require a spoken language interpreter?	□ Yes	□No	If yes, for which lan	guage?	
Do y	ou require a sign language interpreter?	□ Yes	\square No			
Do y	ou require other accommodations?	□ Yes	□No	(If yes, please provid	e details below.)	
	[Maximum number of characters h	nas been re	eached. A	Attach additional pages if	required.]	



PAR	T I: Student S	ignature		
	I understand	l that this is a Final Appea	, with no other avenue of appeal available to me on this matter	
Tota	l Number of P	ages submitted (including	g this form):	
S	Student Signa	ture:	Date:	
	Submit th	nis form and all supportin	ng documents to the Registrar's Office at either campus.	
		Кеер а сору	of all documents that you submit.	
	Your original will be date stamped.			
	**		**************************************	
		OFF	FICIAL RECEIPT OF FORM	
Date	Received:		DATE STAMP:	
Rece	eived By:	Department:		
		Name:		
		Title:		
	- 6 1			
1)2te	Reterred to t	the Chair of Education Co.	incii.	



FOR OFFICE USE ONLY

APPEAL OUTCOME

This section tracks the progress of an Appeal to Education Council on Educational Matters in accordance with Policy 321.

Termination of Appeal before a Final Decision

•	me, the student may terminate the appeal process by providing written notice to the Registrar. The may then not resubmit this appeal to Education Council.
	Not Terminated Copy of written notice of termination attached. Date received:
Initial Me	eeting of the Tribunal
	itial meeting, the Tribunal reviews the documentation and determines whether to accept the equest or reject it based on insufficient grounds. The Tribunal will also decide whether to accept

requests for appeals that were submitted	after the deadline.
☐ Appeal Request Accepted☐ Appeal Request Denied (Insuffice)	ient Merit; Appeal Request Submitted too late).
Date of Decision:	Rationale Attached

Final Tribunal Decision and Rationale

☐ Founded ☐ Unfounded

If the appeal is "founded," a new educational appeal will be initiated under the direction of the original policy (e.g. Appeal of Final Grade policy).

☐ Student Notified

Date of Decision:	☐ Rationale Attached☐ Student Notified
Name of Education Council Appeal Tribunal Chair:	
Signature:	Date: