Student Academic Appeal Form





Thompson Rivers University (TRU) recognizes that although most students experience no concerns regarding their education, some students occasionally experience challenges with how academic outcomes have been assessed. TRU encourages students and instructors to resolve academic issues through discussion at the course, department, and/or faculty level. When resolution cannot be reached, students may proceed with an academic appeal. This formal review process concludes with a decision that is final and binding upon all parties. See Senate policy <u>ED 4-0</u> - Student Academic Appeals for full policy details.

Instructions

- Students, use this form to submit a request for a formal appeal of an academic outcome you have not been able to resolve within your academic division.
- Complete all sections of this form and submit by email to **studentaffairs@tru.ca** or in person at Old Main 1631 within 30 days of the circumstance being appealed.

Note: appeal submissions must clearly demonstrate efforts to resolve the issue with the instructor, the department Chair, and the Dean or designate prior to being accepted for formal review by an Appeal Hearing Panel.

- Pay the Appeal Fee of \$32.29 in person at Old Main 1614 or by phone at 250.371.5646.
- If you have questions or need assistance, contact the Office of Student Affairs at studentaffairs@tru.ca.

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SEEKING RESOLUTION Use this space to describe the steps you've taken to seek a resolution.
Step 1: Instructor or Open Learning Faculty Member
Describe the outcome of your communication with this individual, and/or attached copies of related communications.
Step 2: Department Chair or Associate Director of OL Program Delivery
Name of individual:
If you are unsure of who the Department Chair is, please contact the Dean's Office of the faculty that offers the course. For Open Learning courses: please contact the Associate Director of OL Program Delivery (slanglois@tru.ca) to seek a resolution at this step.
Describe the outcome of your communication with this individual, and/or attached copies of related communications.
Step 3: Dean or designate
Name of individual: This will be the Dean or an Associate Dean of the faculty that offers the course.
Describe the outcome of your communication with this individual, and/or attached copies of related communications.

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RESOLUTION BEING SOUGHT
Use this space to indicate the resolution you are seeking.
Please note, the Hearing Panel of an academic appeal does not have the authority to assign a new grade. Possible resolutions include but are not
limited to impartial re-grading of completed work, extension of deadlines, alternative assessments, etc.
Attachments
Please include copies of any supporting documentation you wish to include for the Appeal Hearing Panel to review. Supporting documentation
may include:
A personal statement regarding any extenuating circumstances and/or the impact of the issue being appealed (maximum 500 words)
 Copies of email or written communications with your instructor during the course Copies of email or written communications with your instructor, Chair, and/or Dean or designate while seeking resolution
Copies of email of written communications with your instructor, Chair, and/or Dearror designate write seeking resolution Course Outline
Graded work with instructor comments
Proof of appeal fee payment
Important to note
 Please be aware, all statements and documentation submitted will be shared with the instructor, Chair, Dean or designate, and members of the Appeal Hearing Panel
The Instructor, Chair, and Dean or designate will also be permitted to submit supporting documentation
Please respect the privacy of others and ensure no other student names or contact information are included in your statements above or in
any supporting documents attached.
Submission checklist
☐ I've attempted to resolve the issue with my instructor, Chair or OL Program Delivery, and Dean or designate
☐ I've identified the outcome I am seeking☐ I confirm that the information I've provided is truthful and accurate
☐ I've paid the appeal fee

Signature of Applicant

Date Submitted (yyyy/mm/dd)

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