

Program Exit Appeal Form

Instructions:

- Students may appeal an exit if they can document (provide evidence) and provide reasons based on medical or compassionate grounds or events that are “beyond the control of the student.”
- **Along with this form, students must submit an appeal letter.** The appeal letter must be complete with evidence and clearly worded to present the appeal in an accurate manner. The appeal letter should be either typed or neatly handwritten (1-2 pages).
- Use the outline of the appeal letter shown below to write your letter.

Filed under: Promotion, Graduation & Convocation Policy, Academic Grievance Policy, Grade Appeal Policy, Dismissal Policy (appeals).

| SECTION 1: STUDENT INFORMATION | |
|--------------------------------|----------------------------|
| Name: | Campus: |
| Phone number: | Hanson ID and Cambrian ID: |
| Email: | Semester and Program: |

| SECTION 2: DETAILS OF ACADEMIC INCIDENT | |
|--|--|
| Grounds for Exit Appeal: | <input type="checkbox"/> Medical (students own health, or own unexpected disability etc.) <input type="checkbox"/> Compassionate (death in the immediate family, or disruptive relationship etc.) <input type="checkbox"/> Other - Please specify what kind of appeal: _____ |
| A sample of Exit Appeal Letter | |
| To: Cambrian at Hanson • State specifically your situation and what you are appealing • State all the relevant reasons for your appeal (For example medical grounds - give dates and details) • State clearly the negative effects on your academic performance. Indicate how these grounds will not continue to negatively affect you in the coming year and/or how you will manage to control the situation Your Name: Your Signature: Evidence: (Specify the type of evidence included in the letter – E.g., Death Certificate or Doctors Note) | |
| Letter Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| By Signing Below, I certify all information is true and correct to the best of my knowledge. | |
| Student Signature: _____ | Date _____ |

| SECTION 3: STAFF USE ONLY | |
|---|--------------------------|
| Appeal Granted: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Student informed of decision Yes <input type="checkbox"/> No <input type="checkbox"/> | Student Signature: _____ |
| Approved By: Name of Academic Director (or designate) | Date: _____ |
| _____ | Signature _____ |