

# 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:** Academic Standing and Promotion Policy (appeals).

SECTION 1: STUDENT INFORMATION	
Name:	Campus:
Phone number:	Cambrian ID:
Email:	Semester:                  Program:

SECTION 2: DETAILS OF ACADEMIC INCIDENT	
Grounds for Exit Appeal:	<input type="checkbox"/> Medical (students <b>own</b> health, or <b>own</b> 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: _____
<b>A sample of Exit Appeal Letter</b>	
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 on Next Page:        Yes                  No 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 _____

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APPEAL LETTER (See instructions on Page 1, Section 2)

**SECTION 4: STUDENT APPEAL  
LETTER**

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