

## **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 email to records@vcc.ca or submit in person to the Registrar's Office at any VCC campus. Students enrolled in a Continuing Studies course or program will need to submit this form to the Continuing Studies Office.

- You will be notified of the decision in writing by mail or email.
- Appeals will be reviewed by the appropriate departments. And all decisions are final.
- Students are encouraged to provide any documentation demonstrating circumstances which are unavoidable, unpredictable, and unpreventable. These circumstances may be medical, psychological, accidental, or personal.

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What policy does this appeal f	fall under? Policies can b	e found at www.vcc.ca
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- **Refund Appeal Policy** (once a refund appeal has been submitted you will be removed from the course or program)

<ul> <li>General Appeal</li> <li>(if your appeal does not fall under the p</li> </ul>	policy above please select this option)		
Personal information			Student ID
Last name (family name)	First name		
Address			•••••••••••••••••••••••••••••••••••••••
City	Province	Postal code	
Phone number	Email		
Student signature	Date		
Complete all sections that	apply to your appeal		
Program			
Course		CRN	Grade received
Instructor			
Documents attached:   Yes, number of pa	ges		

The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1996) and is needed to process any changes in your student record. If you have any questions about the collection and use of this information contact the Registrar's Office.

## 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 Processed

Administrator signature