



Application for Academic Appeal

PLEASE COMPLETE AND RETURN TO THE CAMPUS ADMINISTRATION

Student Name: _____

Student #: _____

Telephone Number: _____

Campus: _____

Program: _____

Year: 1 2 3 4

I would like to attend the Appeal meeting: YES NO

Reason for Appeal (use additional sheets if required):

Identify attachments you are including with this appeal:

NOTE: Appropriate documentation (e.g. doctor's note, etc.) must accompany the appeal.

- Please check this box if you wish to have your personal information redacted from the information that is copied and provided to the Academic Appeal Committee which consists of Campus Administration (or designate), Registrar (or designate), Student Services Rep, Student Rep, and a Faculty Rep.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process this Academic Appeal. It will only be used for this purpose. All personal information you provide may be disclosed to members of the Academic Appeal Committee. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippo.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Signature of Student

Date

OFFICE USE ONLY (PLEASE RETURN TO STUDENT SERVICES OFFICE UPON COMPLETION)

Approved Not Approved

Action Taken:

Campus Administration/Appeals Committee Chair

Date