

APPEAL FORM



Student Number:	Surname/Last Name:	First Name:
Year:	Term:	Program/Course:
Street Address:		City:
Postal Code:	Phone:	E-mail:

EFFECTIVE DATE WILL BE THE DATE THIS FORM IS RECEIVED BY REGISTRATION AT ANY COAST MOUNTAIN COLLEGE CAMPUS OR THE REGISTRAR'S OFFICE

NATURE OF APPEAL OR COMPLAINT:

- Academic Appeal
 Refund Appeal
 Admission Appeal
 Other

Provide a detailed description:

[If you need additional space, continue on the reverse or attach additional page(s).]

Note: It is expected that students will have first attempted to address their concern directly. This form is to assist with initiating the formal process to resolve the concern. Please outline the circumstances surrounding your appeal or complaint, including the specific remedy sought. Attach copies of any documents that support your concern.

***Prior to completing an Appeals Form, review all Policy and Procedures information related to your appeal. Policy information is available at: <https://coastmountaincollege.ca/about-cmtcn/policies-and-procedures> (<https://coastmountaincollege.ca> About Us|Policies and Procedures|Education Policies).**

PROGRAM/COURSE DETAILS				
Programs/Course Name	Course No.	Sect No.	Actual Start Date (actual start date completed by College)	Instructor/Admission Officer (print name + sign)

Student's Signature

Office Authorization Signature

Date

Dean's Signature (if applicable)

Office Authorization Signature

Date

Registrar's Signature (if applicable)

Office Authorization Signature

Date

APPEAL FORM

coast
mountain
college



COMMENTS - OFFICE USE ONLY
