



STUDENT EDUCATIONAL CONDUCT APPEAL REQUEST FORM

D.4.5 Student Educational Conduct

INSTRUCTIONS FOR STUDENTS

DO NOT use this form if you are:

- Appealing a Suspension from the College. To appeal a Suspension from the College by the President, refer to the Student Appeals to the College Board Policy (A.1.2).
- Appealing a decision of the Appeal Hearing Committee. For these types of appeal, refer to the Appeal to Education Council on Academic Matters Policy (A.2.1).

Read the Policy and Procedures for Student Educational Conduct D.4.5 (available online at www.vcc.ca) and consult with a Students' Union of Vancouver Community College (SUVCC) Student Advocate or the VCC Arbiter of Student Issues. Nothing in this form overrides written policy and procedures.

It is **strongly** recommended that you use the services of the SUVCC Student Advocate and/or those of the VCC Arbiter of Student Issues to prepare for your Appeal Hearing.

Appeals

1. The Student Educational Conduct Appeal Request Form must be completed in its entirety and returned to the Registrar's Office.
2. You are required to file an appeal within ten (10) business days of the notification of the decision you are appealing. Appeal requests received after ten (10) business days may be considered only at the sole discretion of the Appeal Hearing Committee.
3. The Appeal Hearing Committee will review your appeal request and any submitted documentation and make a determination as to whether there are sufficient grounds to proceed with an Appeal Hearing.
4. If your appeal is to be heard, you will be contacted by the Chair of the Appeal Hearing Committee and a date will be set for your Appeal Hearing. All questions about the Hearing should be directed to the Chair and/or discussed with your SUVCC Student Advocate or the VCC Arbiter of Student Issues.
5. If your appeal will not be heard, you will be notified and provided with a rationale. You will not be able to re-appeal without further evidence or information. Contact your SUVCC Student Advocate, the VCC Arbiter of Student Issues or the Appeal Hearing Committee Chair about how to proceed with a resubmission of your Student Educational Conduct Appeal Request. There is no automatic extension of the ten (10) business day submission deadline in this circumstance. Resubmission of your Request for an Appeal Hearing may be considered only at the sole discretion of the Appeal Hearing Committee.



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Student Name: _____

Student Number: _____

Program/Course/Area: _____

Date of Appeal Request: _____

Date of notification of disciplinary measure/decision being appealed: _____ (Date)

Disciplinary Measure/Decision issued by which authority/body:

(Name) (Title) (Committee)

Type of disciplinary measure/decision being appealed (e.g. disciplinary measure(s) or sanction(s)):

[Maximum number of characters has been reached. Attach additional pages if required.]

PART A: Appeal Grounds

On what grounds are you submitting your appeal request (you may select more than one):

- Conflict of Interest: (e.g. Which parties present in the process were in a conflict of interest and therefore were not competent to make a decision?)
Lack of Due Process/Procedural Fairness: (e.g. Why you feel there was a breach of due process or procedure?)
New Information: (e.g. What new evidence or material you have to bring to the committee?)

Provide a complete and detailed description of the relevant ground(s) for your appeal:

Conflict of Interest:

[Maximum number of characters has been reached. Attach additional pages if required.]



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Lack of Due Process/Procedural Fairness:

[Maximum number of characters has been reached. Attach additional pages if required.]

New Information:

[Maximum number of characters has been reached. Attach additional pages if required.]

PART B: Additional Supporting Documentation/Evidence/Information

If you have additional documents/evidence/information you would like to have considered for your appeal, please list their titles or their nature below, and attach a copy to this Form.

Total Number of Additional Documents Submitted*: _____

- 1. Document Name and/or Nature: _____
2. Document Name and/or Nature: _____
3. Document Name and/or Nature: _____
4. Document Name and/or Nature: _____

* Attach additional pages if required.

Adding documents/evidence/information after your submission: You may only add other documents after your submission at the discretion of the Appeal Hearing Committee Chair. Contact the Appeal Hearing Committee Chair if you wish to provide further documentation.

PART C: Support Person(s) at Appeal Hearing

You may bring one support person to the Hearing. The support person is not allowed to speak at the Hearing and cannot speak on your behalf.

Will you bring a support person to the Hearing? [] Yes [] No

Name: _____ Relationship: _____



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PART D: SUVCC Student Advocate at Appeal Hearing

You may bring an SUVCC Student Advocate to the Hearing to advise and represent you. However, you are expected to fully participate in the Hearing and answer any direct factual questions asked by the Committee.

Will you bring an SUVCC Student Advocate: Yes No

Name of SUVCC Student Advocate: _____

PART E: Accommodations

You may request accommodations needed to fully participate in the Hearing (e.g., sign language interpreter) and should inform the Chair of such requirements five (5) business days prior to the Hearing. If you request accommodations within five (5) business days, the Hearing may need to be re-scheduled to fulfill the request.

Do you require a spoken language interpreter? Yes No If yes, for which language? _____

Do you require a sign language interpreter? Yes No

Do you require other accommodations? Yes No (If yes, please provide details below.)

[Maximum number of characters has been reached. Attach additional pages if required.]

PART F: Student Signature

Total Number of Pages submitted (including this form): _____

Student Signature: _____ Date: _____

Submit your Request Form and all supporting documents to the Registrar's Office at either campus
Keep a copy of all documents that you submit.
Your original will be date stamped.



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FOR OFFICE USE ONLY

OFFICIAL RECEIPT OF STUDENT CONDUCT (NON-EDUCATIONAL) APPEAL REQUEST FORM

Date Received: _____ DATE STAMP: _____

Received By: Department: _____

Name: _____

Title: _____

Date Referred to Appeal Hearing Committee: _____



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FOR OFFICE USE ONLY

APPEAL OUTCOME

A formal review of the student’s Appeal was conducted in accordance with the VCC Student Educational Conduct Policy and Procedures D.4.5. The decision of the Appeal Hearing Committee is as follows:

Initial Appeal Hearing Committee Meeting:

- checkbox Appeal Request allowed to proceed
checkbox Hearing of Appeal Request Refused (e.g. insufficient merit; appeal request submitted too late)

Date of Decision: _____

checkbox Rationale Attached

checkbox Student Notified

Appeal Hearing:

- checkbox Upheld
checkbox Struck Down
checkbox Substituted

Date of Decision: _____

checkbox Rationale Attached

checkbox Student Notified

Appeal Committee Chair Name: _____

Signature: _____

Date: _____