**Appeals**

* I want to appeal my Final Grade (theory or clinical course).
* I want to appeal the decision from the Professional Behaviour Policy.

**I will be appealing based on:**

* Procedural Grounds
* Extenuating Circumstances
* I want to appeal my Finding of Departure from Academic Integrity.

**I will be appealing the:**

* Sanction
* Finding and sanction

**Regulation Waiver Requests** (based on extenuating circumstances)

* I want to request to waive the Academic Regulation to Add or Drop a Course after the Last Date.
* I want to request to waive the Academic Regulation for the Requirement to Withdraw.

**PART B: Please indicate below the nature of your Regulation Waiver Request and/or Appeal**

**PART A: Identification**

**Appendix D**

**School of Nursing Regulation Waiver Request and/or Appeal Form**

|  |  |
| --- | --- |
| **Name:** |  |
| **Student Number:** |  |
| **Year of Study:** |  |
| **Email Address:** |  |

*The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The information collected will be used to make a decision regarding your appeal and to provide a response. This information will be retained for a minimum of five years in accordance with the Queen's Records Management Policy, 2003. If you have any questions or concerns about the information collected or how it will be used, please contact the School of Nursing at (613) 533‐2668.*

**Student Signature:** **Date:**

*The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The information collected will be used to make a decision regarding*

*your appeal and to provide a response. This information will be retained for a minimum of five years in accordance with the Queen's Records Management Policy, 2003. If you have any questions or*

*concerns about the information collected or how it will be used, please contact the School of Nursing at (613) 533‐2668.*