

Appendix D: School of Nursing Regulation Waiver Request and/or Appeal Form

Part A: Identification

Name:

Student number:

Year of Study:

Email Address:

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

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. List Course(s): _____
- ☐ I want to request to waive the Academic Regulation for Requirement to Withdraw.

Appeals

- ☐ I want to appeal my Final Grade (theory or clinical course) in _____.

I will be appealing based on:

- ☐ Procedural Grounds
- ☐ Extenuating Circumstances

- ☐ I want to appeal the decision from the SON Professional Student 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 finding(s)
- ☐ The finding(s) AND the remedy(ies)/sanction(s)
- ☐ The remedy(ies)/sanction(s) only

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 request/appeal and 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.