



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

Part A: Student Information

Date:

Name:

Student Number:

Year of Study:

Queen's Email Address:

Part B: Regulation Waiver Request and/or Appeal

Regulation Waiver Request (based on extenuating circumstances).

a. Nature of Regulation Waiver Request (Please select all that apply):

- ☐ I am requesting to waive the Academic Regulation to Add and/or Drop :
after the School of Nursing's sessional date.
- ☐ I am requesting Credit Standing in :
- ☐ I am requesting to waive the Academic Regulation for Requirement to Withdraw.

Appeals

a. Nature of Appeal (Please select all that apply):

- ☐ I want to appeal a grade within a theory or clinical course:
- ☐ I want to appeal the decision from the SON Professional Student Policy for the following course (s):
- ☐ I want to appeal the decision from the Involuntary Withdrawal Policy for the following course (s):
- ☐ I want to appeal my Finding of Departure from Academic Integrity (AI) for the following course (s):
- ☐ I want to appeal the decision under the 'Orders to Protect Patient Safety' (AR 17)
for the following course (s):

b. I will be appealing based on (Please select all that apply):

- ☐ Procedural Grounds
- ☐ Extenuating Circumstances
- ☐ The finding(s)
- ☐ The finding(s) AND the sanction(s)
- ☐ The sanction(s)

Student Signature:

Date: