

ACADEMIC APPEAL FORM

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Please ensure accurate information when submitting this form to frontdesk@slc-alpha.ca within 10 business days of receiving your final grade.

NAME:		STUDENT ID:
EMAIL:		
CONTACT NUMBER:		INSTRUCTOR:
COURSE (i.e. ACCT1):	GRADE:	DATE GRADE RECEIVED:

Did you speak with your instructor regarding your grade? YES NO

What was the instructor's reasoning for not changing your grade?

Why do you feel you deserve a different grade than what was assigned? Provide as much detail as possible.

STUDENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Received by: _____ Date received: _____ Advisor's initial: _____