



LATE DISCONTINUATION APPEAL FORM (to only be used after last date to discontinue courses) OFFICE OF THE REGISTRAR

NAME (Surname) (First) (Middle)

STUDENT ID# Email

Year of Study Program Phone

COURSE(S) INSTRUCTOR(S)

IMPORTANT NOTE Appeals will be considered if received no later than 20 business days of receipt of final grade. Appeals after this date will not be considered. Late discontinuations will only be granted based on compassionate grounds (i.e. medical emergency, family death, etc.) and are not automatic. Continue attending classes until you have been notified of appeal decision. Discontinuations after the date specified by the academic calendar will not be granted to students on the basis of fear of failure or low grades.

EXPLANATION OF APPEAL (attach additional pages or write on back as needed)

I Student ID# understand that late discontinuation approvals may change my student status from full-time (9 semester hours of credit and over) to part-time (fewer than 9 semester hours of credit) and may decrease my student loans, academic awards and scholarships. If I am an International student, this may put me in violation of my study permit.

Please initial

I understand the above policy and I

- have provided a detailed explanation for this request on this form (or attached);
certify that this request is complete, accurate, truthful, and made in good faith;
have attached (or will submit) supporting documentation (UPEI medical certificate, certificate from health or counseling services...if applicable)
ensure verification of attendance from professor is sent directly to sgantner@upe.ca via professor's email (mandatory appeal requirement)

DATE STUDENT SIGNATURE

Please email appeal and supporting documentation to studentsupport@upe.ca.

~ Office use only ~

Request Taken By Request Given To
Date Completed Completed By
Decision

STUDENT NOTIFIED ACCOUNTING NOTIFIED LOGGED