



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 after receipt of final grade.

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.

- 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@upei.ca via professor's email (mandatory appeal requirement)

DATE STUDENT SIGNATURE

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

~ Office use only ~

Request Taken By Request Given To Date Completed Completed By

Decision

[] STUDENT NOTIFIED [] ACCOUNTING NOTIFIED [] SCHOLARSHIPS, AWARDS & FINANCIAL AID NOTIFIED [] LOGGED

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act.