

## ADMISSION APPEAL FORM OFFICE OF THE REGISTRAR

DATE	NAME		
ADDRESS			
EMAIL(s):	PHONE:		STUDENT ID# (if applicable):
PROGRAM APPLIED TO:			
START DATE:			
and submit with supporting d	ocumentation (if applicable) to the	Registrar's Office in	document outlining the reason for your appeal person or by email to registrar@upei.ca. It is the case with all the documented information
COMMENTS/CONDITIONS	SET BY COMMITTEE		
This appeal is hereby	Granted Denied		
Appeal decided and returned t	o the Registrar's Office by		(Committee Chair) on
Copy of decision sent to the s	tudent; record amended by		(RO) on

**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. It will be used for the purpose of facilitating the appeal. Direct any questions about this collection to the Office of the Registrar, University of Prince Edward Island, 550 University Avenue, Charlottetown, PE C1A 4P3 902-566-0439.