



DECISION REVIEW BOARD APPLICATION

(TO BE COMPLETED BY THE STUDENT)

This form supports Policy 5104, Student Code of Academic Integrity; and Procedure 5104-PR 2, Decision Review Boards. See the procedure for additional instructions for submitting this form.

PART 1 (Please print clearly in ink)

STUDENT CONTACT INFORMATION

It is vital that you provide accurate contact information, as this is where results of the Decision Review Board (DRB) hearing will be sent and inquiries made. If you cannot be contacted, you risk missing important deadlines and information, and may jeopardize your ability to further appeal.

Student ID Number	Submission Date	
Surname	Given Name	
Full Mailing Address		
Phone	Email	

COURSE INFORMATION

Course Number	Program Level	
Program Name	Faculty Name	
Date of Decision to be Reviewed	Term <input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring/Summer	Year

I AM REQUESTING AN APPEAL OF THE FOLLOWING DECISION

Marks Reassessment decisions made by the Associate Dean as per Policy 5103
 Decisions made by a Faculty Member, an Associate Dean, or Registrar that a violation of Policy 5104 has occurred, and the outcomes which have been imposed on the student as a result of that breach, other than decisions made by the President
 Decision that a violation of Policy 5102 has occurred, and the outcomes that have been imposed on the student, other than decisions made by the President

GROUND FOR DECISION REVIEW BOARD HEARING (Please select all that apply)

The decision-making process violated Institute policies or the decision maker was biased
 There is evidence which was unavailable at the time the decision was made that would likely have resulted in a different decision
 The outcome imposed by the decision maker was unreasonable

PART 2

In the interest of completeness, you are strongly encouraged to attach a statement summarizing the following (A typed statement is preferred, but you may use the spaces below if you choose):

1. Please state, as clearly and specifically as possible, why this request should be considered. Describe why you think the decision should be overturned.

NOTE:

- All claims you make should be completely documented, and copies of all relevant documents should be attached to this form. These include such items as medical documents, official certificates, and pertinent class grades to show satisfactory course progress, etc. Failure to provide pertinent documentation may jeopardize your appeal.
- The DRB will have the right to decide whether or not to accept any documents you provide after the submission date of your hearing request.

2. Please state the action(s) you wish the DRB to take, (i.e., what remedy are you seeking?)
3. Please list all the witnesses you intend to have present at the hearing. Specify what contribution you expect each witness to make, and the estimated length of time that the witness will appear before the DRB.
4. Please list all documents included with this request.
5. Please list any document(s) not in your possession, but which you wish the department to produce. You should identify the document(s), and must indicate for each document why it is important to your appeal, while bearing in mind the grounds for your appeal.

PART 3

If you intend to be accompanied by another party, other than your witnesses, please complete the following:

Name	
Full Mailing Address of Accompanier	
Phone	Email
Relationship to Student	

Note: Normally you would be your own spokesperson. If you do not intend to represent yourself at the hearing you must obtain approval for an alternative spokesperson by attaching a request to this submission. The request should explain why you are not prepared to be your own spokesperson, and why you wish this particular person to be your spokesperson. Any such request must be approved by the Chair of the DRB prior to the hearing date. Approval is not necessary if you are asking only that a support person, who will not address the DRB, be present.

PART 4

If the decision being appealed resulted in the student being unable to complete their studies, the student may request to continue their studies pending the outcome of the appeal by attaching a typed statement, or by completing the following section.

REQUEST TO CONTINUE STUDIES PENDING DRB HEARING (If applicable, please provide rationale for continuing studies pending the outcome of the appeal. This section will be forwarded by the Student Life Office to the Program Dean for consideration.)

DECLARATION

I have read, and understand Policy 5104 and its associated procedures, which explain the appeals process at BCIT. I certify that the documents I have submitted are authentic and bona fide, and the statements I have made are true.

Signature	Date
-----------	------

Please forward the completed Decision Review Board Hearing Application to the Student Life Office, student_life@bcit.ca.

Notes:

- (a) You must retain a copy of this form and all documents submitted
- (b) You should retain the date stamped correspondence you will receive in reply to this request, and/or the postmarked envelope.