

Appeal Request Form

Student Information

STUDENT NAME:	STUDENT ID:	YEAR OF STUDY:	
PROGRAM OF STUDY:	KEYANO EMAIL ADDRESS:		

Course Details

INSTRUCTOR:	COURSE NAME:	COURSE CODE:	

Academic Misconduct Details

TYPE OF ACADEMIC MISCONDUCT: DATE OF ALLEGED MISCONDUCT: Plagiarism Collusion Cheating Theft Contract Cheating Falsification, Misrepresentation, Fraud or Fabrication Unauthorized or Undisclosed Breach of Ethical or Other Approval Obstruction or Interference Requirements in Research Other Other

IF 'OTHER' WAS SELECTED ABOVE, PLEASE SPECIFY:

DECISION MADE BY:	DATE OF DECISION LETTER:

APPEAL DETAILS

I AM APPEALING:

The finding of academic misconduct.

The sanctions assigned.

Both the finding and the sanction.

GROUNDS FOR APPEAL:

Principles of natural justice were compromised.

Bias or unfair treatment, procedural error, improper investigation, discrimination.

Sanction is not a logical consequence of the act of misconduct.

New information, witness or evidence that was not available at the time of the original decision.

EXPLANATION OF APPEAL:

Previous Appeals & Preferred Outcome

WHAT RESOLUTION ARE YOU SEEKING THROUGH THIS APPEAL:

HAVE YOU PREVIOUSLY APPEALED THIS DECISION:

Yes

No

If yes, please provide details:

Details of Representative

Complete this section if you intend to take a representative with you to the appeal hearing. NAME: TITLE/POSITION:

NAME:	IIILE/POSITION:

Declaration

I have read and understood the academic misconduct appeal process as outlined in the Keyano College Academic Integrity Policy and Procedure (2025).

I confirm that all the information provided in this form is true and accurate to the best of my knowledge.

I understand that providing false information may result in additional disciplinary action.

SIGNATURE:

DATE:		

SUBMISSION INSTRUCTIONS:

- This form must be submitted within five (5) business days of receiving the original decision letter.
- Submit this form and all supporting documentation to the Office of Academic Integrity via email at <u>academic.integrity@keyano.ca</u> or in person at CC-168H.
- Incomplete or late submissions will not be considered.

OFFICE USE ONLY – Required Signature

Received by: _____

Granted

Date: _____

Denied

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of treating with reported incidents of academic misconduct. Certain information collected in this form may be released to other departments at Keyano College for the continuous improvement of student academic success. For information about the collection and use of this information, contact the Academic Integrity Officer. Keyano College Office of the Academic Integrity | 8115 Franklin Avenue, Fort McMurray AB T9H 2H Telephone 780.791.4921 | E-Mail academic.integrity@keyano.ca