

Program Dismissal Appeal

Name of Student

Student Number

Program

Program Director

Date Submitted

Section A (To be completed by the Student)

Date on which the notice of dismissal was received by the student: ____/____/____

Result of Inquiry to Background Screening Vendor

Concise, clear description of how the program dismissal decision was unfair, inaccurate or both

Attachments

Student Signature

Section B (To be completed by the Program Director)

Date on which the student presented his/her appeal

Description of the results of the student's discussion with Program Director

Attachments from Program Director

Program Director Decision

Program Director Signature