



## REQUEST FOR APPEAL OF ACADEMIC DECISION FORM

**SECTION 1:** Completed by student to London Professional Academy (LPA Admin team via email.

Name:	Student ID:	Phone #:
Email:		
Program:		
Year:	Course ID:	
Course Name:		Tutor:
Reason for Appeal:		
Date Discussed with Professor:		

**SECTION 2:** Administrative Review: Completed by LPA Admin returned to student, tutor or member of Senior Management Team (SMT)

Reviewed by:	
Decision	
Signature:	Date:

**SECTION 3:** Committee Review: Completed by student and forwarded to Admin/ SMT

<ul style="list-style-type: none"><li>• I have read and understood LPA Practice on Appeals on Academic Decisions.</li><li>• All information to be presented to the Appeals Committee, including the resolution requested is attached.</li><li>• The following person will accompany me to the Appeal.</li></ul>	
Name:	Title:
Student's Signature:	Date:

The decision of the Appeal Committee will be forwarded, in writing to the student, faculty member and Administrator within five working days of the Appeals.

Date received in the Admin Office:

Received by (name):