

Bachelor of Health Sciences (Honours) Program
APPEAL OF AN INSTRUCTOR'S DECISION FROM ACADEMIC INTEGRITY
(Appeal to the Associate Director (Studies))

Bachelor of Health Sciences (Honours) Program Office

bhsc@queensu.ca

613-533-2566

Botterell Hall, Room 563

18 Stuart Street

Kingston, ON

K7L 3N6

Name: <input style="width: 90%;" type="text"/>	Level of Study: <input style="width: 90%;" type="text"/>
Student #: <input style="width: 90%;" type="text"/>	Learning Track: (if applicable) <input style="width: 90%; height: 40px;" type="text"/>
Email: <input style="width: 90%;" type="text"/>	

A one-time administrative fee of \$50.00 applies to all appeals. Please contact the Bachelor of Health Sciences (Honours) Program Office by email or phone for instruction on administrative fee payments.

I want to appeal the decision of my instructor concerning a departure from academic integrity.

I will be appealing the:

- Finding only
- Sanction only
- Finding and Sanction

Appeal to the Associate Director (Studies)

You may appeal the finding of departure from academic integrity and/or the sanction imposed as a result of an instructor's finding to the Associate Director (Studies). You have 21 calendar days after receiving the Notification of the Finding of a Departure from Academic Integrity to submit a written appeal and copies of the relevant documents. Normally, the Associate Director (Studies) will meet with you in person or via video/teleconference (and your representative, if applicable), the instructor (and his or her representative), and witnesses where appropriate to conduct a thorough investigation of the evidence. See [Academic Regulation 1](#), and [Appeal Regulations Section 2](#) (Appeals Related to Academic Integrity) of the *Bachelor of Health Sciences (Honours) Program Calendar*.

You are strongly encouraged to contact the Office of the Ombudsperson for advice on matters of procedure and on obtaining a representative. (phone: 1-613-533-6495; e-mail : ombuds@queensu.ca).

Signature:

Date:

FOR OFFICE USE ONLY

Date Submitted: _____

Date Documents Supplied: _____

Payment Received: _____