



Mississauga First Nation Education Department
Post-secondary Program
P.O. Box 1299
Blind River, Ontario

Student Appeal Process

Student Information

Name	
Address	
Telephone	
E-mail Address	

Appeal Information

1. My appeal is about the following:
(Describe the decision you are appealing and provide the name of the department or person(s) who made the decision. If you are aware that they were acting under a specific policy or departmental rule, regulations, or guideline, please provide the details.)

2. Summarize the reason for your appeal:

**3. Outline the steps you have taken to resolve this issue:
(If possible, please reference specific dates and details and include the names of University College employees you have dealt with.)**

4. Describe the result or outcome that you seek.

**5. Are there any documents that you want the Appeal Committee to review?
Yes _____ No _____ If Yes, enclose the documents with this form**

I hereby affirm that the information on this form is an accurate description of the circumstances that led to this appeal.

Signature: _____

Date: _____