

<b>DOCUMENT TITLE</b>	Involuntary Health and Safety Withdrawal Appeals Form
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<b>NAME OF POLICY THE DOCUMENT SUPPORTS</b>	Involuntary Health and Safety Withdrawal
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<b>REPLACES (IF APPLICABLE)</b>	E-2.10 Involuntary Health and Safety Leave of Absence
<b>LAST UPDATE OR AMENDMENT OR REVIEW DATE</b>	N/A
<b>POLICY HOLDER</b>	Provost and Vice President Education & Innovation
<b>RESPONSIBLE OPERATIONAL LEADER</b>	Director Student Affairs

## INVOLUNTARY HEALTH AND SAFETY WITHDRAWAL APPEALS FORM

### PURPOSE

This form is to be used when a student wishes to appeal a Director's/designate's decision to place the student on an Involuntary Withdrawal.

To receive consideration, all requests must be initiated within **ten (10) working days** of the student being informed of the Involuntary Withdrawal decision, unless the student can demonstrate that extenuating circumstances preclude them from being able to file an appeal within this time limit.

**The completed Appeals Form must be submitted to [studentappeals@camosun.ca](mailto:studentappeals@camosun.ca).**

An Appeal must be made in writing to the Provost and Vice President Education & Innovation/designate and provide all the following information:

- a. The grounds for the appeal (i.e. why the student believes the appeal should be allowed);
- b. The decision/outcome which the student is seeking and the reasons why;
- c. Any and all documentation and submissions relevant to the student's appeal.

### INFORMATION PROVIDED BY STUDENT

<b>STUDENT NAME:</b>	
<b>STUDENT C#:</b>	
<b>PHONE #:</b>	
<b>EMAIL:</b>	



