

DOCUMENT TITLE	Involuntary Health and Safety Withdrawal Appeals Form
DOCUMENT NUMBER	E-2.10.2
NAME OF POLICY THE DOCUMENT SUPPORTS	Involuntary Health and Safety Withdrawal
TYPE OF DOCUMENT	Form
APPROVAL DATE	January 22, 2025
REPLACES (IF APPLICABLE)	E-2.10 Involuntary Health and Safety Leave of Absence
LAST UPDATE OR AMENDMENT OR REVIEW DATE	N/A
POLICY HOLDER	Provost and Vice President Education & Innovation
RESPONSIBLE OPERATIONAL LEADER	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.

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**

STUDENT NAME:	
STUDENT C#:	
PHONE #:	
EMAIL:	



SCHOOL/PROGRAM:		
	,	
Why are you appealing the Director's/designate's decision? Please choose the applicable ground(s) for an appeal.		
☐ A substantial procedural error h	nas been made in the process.	
☐ Evidence, not reasonably available at the time the decision was determined is available and the new evidence may change the decision.		
Please provide details on why	you believe you meet the ground(s) selected above.	



What outcome are you seeking and why? Please provide details		
BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWI	NG:	
☐ I have read/understand the Involuntary Healt	h and Safety Withdrawal Policy, the	
policy's Procedures, including the grounds under which an appeal is permissible.		
☐ I have completed this form to the best of my ability. The information I provided above is		
accurate and complete.		
☐ I have provided all supporting documentation that is relevant to this appeal request.		
STUDENT'S SIGNATURE:	DATE:	
STODENT S SIGNATURE.	DAIE.	