ACADEMIC POLICY APPEAL APPLICATION

Adding a Course After Last Add Date in a Semester

The Academic Policy Appeals process operates according to the principle that students have the responsibility to read the NSCAD University calendar, Guides to Program, timetables, and other program related information and to become familiar with academic policy requirements. These include following course add / drop deadlines and procedures.

Appeals to policy may be considered by the Academic Policy Appeals Committee in cases where exceptional circumstances warrant. In each case, the onus is on the student to provide documentation to support the appeal.

ALL RELEVANT SECTIONS OF THE FORM MUST BE COMPLETED IN ORDER FOR THE COMMITTEE TO REVIEW THE APPEAL. In cases that relate to a medical circumstance please provide appropriate documentation from a qualified practitioner.

Student Name: ________________________________________  Student ID# __________________

Please outline the circumstances regarding your request and attach any supporting documents that will assist the committee in making a decision.

Student Signature: ________________________________________  Date: ______________

APPLICATION FOR POLICY APPEAL:  ADDING A COURSE AFTER THE “LAST DAY TO ADD” ______

Semester:  Fall  __  Winter  __  Summer  __

Deadlines to add a class are posted for each academic year and are usually scheduled 7 days after the start of the semester.

Application for appeal to add a course after the last day to add deadline may be submitted up until the last day of the semester in which the course(s) was taken. The student must have been attending class prior to the day to add. *If requesting more than one course add, please attach a Course Add / Drop Form with signature beside each relevant course. The Division Chair must sign in each course add.

Course Code: ______________  Course Title: ________________________________

Student has been attending class prior to the last day to add a class: ______

________________________________  __________________________________________
Instructor’s Name (Print)  Instructor’s Signature  Date

________________________________  _______________________________
Chair’s Name (Print)  Chair’s Signature  Date

Reviewed by: Assistant Registrar / Registrar ________________________________  Date: __________

Approve ______  Change made to Student Record ______  OR  Refer to Committee ______