

DOCUMENT TITLE		to - #	°°	°°	°°
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DOCUMENT NUMBER					
NAME OF POLICY THE DOCUMENT SUPPORTS					
TYPE OF DOCUMENT					
APPROVAL DATE					
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G

five (5) working days

academicappeals@camosun.ca

What outcome are you seeking and why? Please provide details.

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BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWING:

STUDENT'S SIGNATURE:	DATE:
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