



Admission Revocation Appeal Form

To avoid processing delays, please write clearly and review your package before submitting it to ensure all relevant documents are included.

Confirmation of the conditions of admission offers are reviewed carefully by Enrolment Services in accordance with Senate and faculty admission policies. Applicants who believe that their conditional offer of admission has been unjustly revoked due to an error in the process or who believe that they deserve special consideration due to mitigating circumstances can appeal this decision. For **further information**, Vancouver applicants please refer to the [Vancouver Academic Calendar](#), Okanagan applicants please refer to the [Okanagan Academic Calendar](#).

Appeals on revocations must be submitted within 14 calendar days of the date of the revocation decision email notifying that the offer of admission has been revoked.

You will be charged an appeal processing fee of \$66.75. If your appeal is successful the appeal processing fee will be applied towards tuition. Refunds will not be issued if your appeal is not approved.

Please submit this form along with your complete appeal package and payment at <https://webforms.students.ubc.ca/admission-decision-appeal>.

Please complete all fields in name, address and biographical details categories below.

Name

Surname _____ Legal first name _____

Middle name _____ Student number _____

Contact information

Telephone (day) _____ Telephone (evening) _____

Email address _____

Basis of Appeal

- ☐ I believe that there has been an error in processing my application
- ☐ I believe that there were mitigating circumstances unknown to the evaluator at the time of evaluation

Mitigating circumstances (check all that apply):

- ☐ Health-related circumstances - include the duration of your illness (start and end dates) in your Letter of Appeal
- ☐ Death of a family member
- ☐ Personal hardship that affected academic performance

Mandatory information to include

- ☐ Letter of Appeal outlining the reasons for your appeal

Please check any additional information you are submitting:

- ☐ Medical notes
☐ Transcripts
☐ Letters of support
☐ Other, please explain: _____

I agree that any and all relevant information pertaining to my Admission Decision Appeal is hereby included in this package.

I agree that any and all information pertaining to my Admission Decision Appeal is true.

I agree that the processing fee is non-refundable.

Signature: _____ Date: _____

Please submit your appeal package within 14 calendar days of the date of the revocation decision email. Please allow 10 business days for a response to your appeal.

We understand that this is a challenging time for you and we are working to provide you with a decision as soon as possible.