



Collège communautaire du Nouveau-Brunswick

Statement of Academic Dispute

RÉSERVED FOR THE STUDENT

Last and first name: _____ Date: _____

Program : _____

Reason for the request and steps taken

Desired outcome

Signature of student

Date

RÉSERVED FOR THE DEPARTMENT HEAD

Summary of the steps taken and decision

Signature of the Department Head

Date

I accept the decision of the Department Head. I do not accept the decision of the Department Head.

Signature of the student

Date

