

DOCUMENT TITLE	Involuntary Health and Safety Withdrawal Appeals Form
DOCUMENT NUMBER	
NAME OF POLICY THE DOCUMENT SUPPORTS	
APPROVAL DATE	
REPLACES (IF APPLICABLE)	
LAST UPDATE OR AMENDMENT OR REVIEW DATE	
POLICY HOLDER	
RESPONSIBLE OPERATIONAL LEADER	

INVOLUNTARY HEALTH AND SAFETY WITHDRAWAL APPEALS FORM

PURPOSE

ten (10) working days

The completed Appeals Form must be submitted to [studentappeals@camosun.ca](mailto:studentappeals@camosun.ca).

INFORMATION PROVIDED BY STUDENT

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



# POLICY SUPPORTING DOCUMENT

What outcome are you seeking and why? Please provide details

BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWING:

STUDENT'S SIGNATURE:	DATE:
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