



**Mississauga First Nation Education Department
Post-Secondary Program**

PO Box 1299
Blind River, ON P0R 1B0
Tel: 705-356-1621 ext. 2302 • Fax: 705-356-1867
mississaugi.com

STUDENT APPEAL PROCESS

Name	
Address	
Telephone	
Email	

My appeal is about the following:

Summarize the reason for your appeal.

Outline the steps you have taken thus far to resolve this issue. If possible, reference specific dates and details and include the names of people you have dealt with.

Describe the outcome you are seeking.

List documents that you want the Appeal Committee to review and enclose them with this form.

I hereby affirm that the information on this form is an accurate description of the circumstances that led to this appeal.

Signature

Date