

**Post Secondary Education**

Peigan Board of Education P.O. Box 130, Brocket, AB, T0K 0H0

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Email: [postsecondary@pikani.ca](mailto:postsecondary@pikani.ca)

**APPEAL REQUEST**

**PERSONAL INFORMATION**

ALL QUESTIONS MUST BE ANSWERED IN INK. PLEASE PRINT.

Band Code	Family Number	Position Number	Birth Date MM / DD / YY
4   3   6			

First Name	Middle Name	Last Name
Home Address		Telephone

**APPEAL ISSUE**

Your appeal issue is:

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**DECLARATION**

I authorize an appeal of my application in accordance with the Appeals Process outlined in of the Post Secondary Education Policy Manual. I understand that:

1. All terms agreed to on my current application will remain in force.
2. Peigan Board of Education may consider information from prior applications and sponsorship in my appeal request.
3. The Appeals Committee's decision is final.

I certify that information provided with this request is accurate and correct.

SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED
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**CHECKLIST**

Include the following:

- A detailed letter outlining the issue you are appealing and an explanation of what department guidelines are not being fairly applied to your situation.
- All relevant supporting documentation.