

Appendix 4 Appeal Form

Nisga'a Village of: _____

1. Decision to be appealed: (this section to be completed by Education Administrator)	
Applicant/Student Name:	Date that the applicant/student was notified of the decision (Date and method of notification)
Statement of Education Administrator; including the decision made and relevant NSPEAP 2014 policy.	
Education Administrator signature:	Date:

2. Request and reason for Administrative Appeal (this section to be completed by student)	
Applicant/student Name:	Date that the applicant/student was notified of the decision (Date and method of notification)
Address and contact number:	
I am appealing the following decision made and request an Administrative review for the following reason(s):	
<p>Note: As per Programs & Services Delivery Act, section 23.1.b providing an impartial process for the appeal of an administrative decision</p> <ul style="list-style-type: none"> i. Refusing to provide ii. To discontinue, or iii. To reduce <p>Service or benefits to any person</p>	
Applicant signature:	Date:

Administrative Review Certification:

Administrative Review completed by: (name and position):

Date:

I hereby certify that an Administrative Review has been conducted in respect of the decision made by the Village Government Education Administrator and recommend the following:

- Uphold the decision made by the Education Administrator
- Vary the decision made by the Education Administrator (include clear direction for any action to be taken by the Education Administrator, or the student)

Comments: