



**Title:** Expulsion Policy

**Policy #:** OCOT-EP

**Effective date:** May 1<sup>st</sup>, 2023

**Approved by:** Administrative Team

**Last Revision:** September 1<sup>st</sup>, 2026

**Next Review:** September 1<sup>st</sup>, 2027

## 1. Purpose

This policy outlines the conditions, expectations, and procedures under which a student may be expelled from the College, and is intended to support a safe, respectful, and professional learning environment.

## 2. Scope

This policy applies to all students enrolled in any program of the College. It applies to conduct occurring:

- On campus
- In clinical or placement settings
- During online or hybrid learning activities
- Off campus, where the conduct is connected to the student's studies, clinical activities, or other College-sanctioned activities, or seriously affects the safety of members of the College community

## 3. Policy Statement

The College is committed to fair and equitable treatment of all students. Expulsion is considered a measure of last resort and will normally follow progressive disciplinary steps.

However, the College reserves the right to impose immediate expulsion where a student's conduct poses a serious risk to the safety, well-being, or rights of others.

## Definitions



- **Expulsion (Dismissal):** The permanent termination of a student's enrolment by the College. In this policy, "expulsion" and "dismissal" have the same meaning.
- **Suspension:** A temporary removal from some or all program activities (classes, clinic, practicum) for a defined period, after which the student may return if any conditions are met.
- **Interim Suspension:** A temporary removal while an investigation is under way, where the student's presence may pose a risk to others. An interim suspension is not a finding of misconduct.
- **Reinstatement:** The return of a student to their program after suspension, withdrawal, or expulsion.
- **Program Director:** The Program Director responsible for the student's program of study.

#### 4. Grounds for Expulsion

A student may be expelled for reasons including, but not limited to:

##### 4.1 Serious Misconduct

- Verbal abuse, harassment, or threats toward faculty, staff, or students and community partners
- Discriminatory behavior (in accordance with the Ontario Human Rights Code)
- Violence or threatening conduct

##### 4.2 Academic Misconduct

- Cheating on examinations or assessments
- Plagiarism or submission of work that is not the student's own
- Falsification of academic records

##### 4.3 Criminal or Unsafe Behavior

- Theft, vandalism, or damage to College property
- Possession or use of illegal/legal drugs or alcohol which causes impairment on campus
- Possession of weapons
- Any activity that violates applicable laws

##### 4.4 Failure to Meet Academic or Program Requirements



- Failure to meet minimum academic standards
- Failure to successfully complete required clinical or practical components

#### 4.5 Administrative Non-Compliance

- Failure to pay tuition or fees after written notice
- Providing false or misleading information during admission
- Failure to comply with College policies (e.g., attendance, conduct, or clinical requirements)

### 5. Progressive Discipline

Where appropriate, the College may apply progressive disciplinary measures prior to expulsion, including:

- Verbal warning
- Written warning
- Suspension

The College reserves the right to bypass progressive discipline depending on the severity of the incident.

### 6. Immediate Expulsion

The College may expel a student without prior warning in cases involving:

- Threats or acts of violence
- Serious harassment or abuse
- Conduct that endangers the safety of others
- Severe breaches of professional or ethical standards

### 7. Expulsion Procedure

Where a decision to expel is made:

- The student will receive written notice of the decision
- The notice will include:



- The reason(s) for expulsion
- The effective date
- Information regarding the appeal process

## 8. Appeals and Reinstatement Process

Students who have been suspended, withdrawn, dismissed, or otherwise found ineligible to continue in the Massage Therapy program may submit a written appeal for reinstatement.

Reinstatement is not automatic. The student must demonstrate that they are prepared to successfully continue the program.

### 8.1 Student Appeal Requirements

The student must submit:

1. **Written Appeal Letter** explaining:
  - a. Why reinstatement is being requested;
  - b. Circumstances that contributed to the student's previous difficulties;
  - c. What has changed; and
  - d. How the student will prevent the same issues from occurring again.
2. **SMART Goal Essay** outlining specific goals for academic, attendance, clinical, professional, or other areas requiring improvement.
3. **Plan for Success** describing:
  - a. Study and time-management strategies;
  - b. Attendance and punctuality commitments;
  - c. Academic support or tutoring required;
  - d. Plans to complete outstanding courses, clinic, or outreach requirements;
  - e. Key milestones and deadlines; and
  - f. When and how the student will seek assistance.
4. Supporting documentation, where applicable.

### 8.2 Financial Standing

Students must be in **good financial standing with the College** before reinstatement may be approved.

The Finance Manager must confirm that:



- Required tuition and fees are current;
- Outstanding balances have been resolved; or
- An approved payment arrangement is in place and being followed.

### **8.3 Mandatory Three-Party Approval**

Every reinstatement application must be reviewed and approved by:

- **Finance Manager**
- **Massage Therapy Program Director**
- **Administrative Manager**

**All three must agree before the student may be reinstated.**

The Finance Manager reviews financial standing.

The Massage Therapy Program Director reviews academic readiness, outstanding courses, prerequisites, clinic/outreach requirements, and the feasibility of successful program completion.

The Administrative Manager reviews the student's appeal package, attendance, previous interventions, policy compliance, professional conduct, and overall readiness to return.

### **8.4 Decision Workflow**

**Step 1:** Student submits Appeal Letter, SMART Goal Essay, Plan for Success, and supporting documentation.

**Step 2:** Administrative Manager confirms that the appeal package is complete.

**Step 3:** Finance Manager reviews and confirms financial standing.

**Step 4:** Massage Therapy Program Director reviews academic and program requirements.

**Step 5:** Administrative Manager completes the overall administrative and student-record review.

**Step 6:** A meeting with the student may be held where further clarification is required.

**Step 7:** Finance Manager, Massage Therapy Program Director, and Administrative Manager complete the Reinstatement Review and Approval Form.

**Step 8:** Reinstatement is approved only where **all three reviewers approve**.



The final decision will be provided to the student in writing.

### **8.5 Conditional Reinstatement**

Approved students may be placed on a Student Success/Reinstatement Plan with conditions such as:

- Required attendance and punctuality;
- Minimum academic performance;
- Completion of outstanding courses;
- Completion of clinic/outreach requirements;
- Tutoring or academic support;
- Regular progress meetings;
- Compliance with the SMART goals and Plan for Success;
- Professional conduct expectations; and
- Continued good financial standing.

Failure to meet the conditions may result in further academic intervention, suspension, withdrawal, or dismissal.

### **9. Fees and Refunds**

An expelled student is considered withdrawn from the program as of the effective date of expulsion.

Any applicable refund will be calculated in accordance with the College's Fee Refund Policy.

### **10. Return of College Property**

Students must return all College property within five (5) business days of expulsion. The student may be held financially responsible for any unreturned or damaged items.



MESSAGE THERAPY PROGRAM

## STUDENT REINSTATEMENT REVIEW & APPROVAL FORM

Reinstatement requires unanimous approval from the Finance Manager, Massage Therapy Program Director, and Administrative Manager. If any reviewer selects "Do Not Approve," reinstatement is not approved.

### 1. Student & Appeal Information

|                         |                                                                                                                                                |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Student Name            |                                                                                                                                                |
| Student ID              |                                                                                                                                                |
| Cohort / Start Date     |                                                                                                                                                |
| Appeal Received Date    |                                                                                                                                                |
| Current Student Status  | <input type="checkbox"/> Suspended <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dismissed <input type="checkbox"/> Other: _____ |
| Requested Re-entry Date |                                                                                                                                                |

Reason for Previous Suspension / Withdrawal / Dismissal



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## 2. Required Appeal Documentation

|                                                                  |                                                                            |
|------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Written Appeal Letter received          | <input type="checkbox"/> SMART Goal Essay received                         |
| <input type="checkbox"/> Student Plan for Success received       | <input type="checkbox"/> Supporting documentation received (if applicable) |
| <input type="checkbox"/> Academic record reviewed                | <input type="checkbox"/> Attendance record reviewed                        |
| <input type="checkbox"/> Clinic / outreach requirements reviewed | <input type="checkbox"/> Financial standing review initiated               |

## 3. Finance Manager Review

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Tuition and required fees are current                      |  |
| <input type="checkbox"/> Outstanding balance has been resolved                      |  |
| <input type="checkbox"/> Approved payment arrangement is in place (if applicable)   |  |
| <input type="checkbox"/> Student is in good financial standing                      |  |
| <input type="checkbox"/> No unresolved financial restriction prevents reinstatement |  |
| <b>Current Balance / Status</b>                                                     |  |
| <b>Payment Arrangement (if applicable)</b>                                          |  |
| <b>Finance Conditions</b>                                                           |  |

### Finance Manager Decision

|                                  |                                                  |                                         |
|----------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> APPROVE | <input type="checkbox"/> APPROVE WITH CONDITIONS | <input type="checkbox"/> DO NOT APPROVE |
| <b>Name</b>                      | <b>Signature</b>                                 | <b>Date</b>                             |
|                                  |                                                  |                                         |

## 4. Massage Therapy Program Director Review

|                                                     |                                                               |
|-----------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Academic standing reviewed | <input type="checkbox"/> Failed / incomplete courses reviewed |
|-----------------------------------------------------|---------------------------------------------------------------|



## Ontario College of Technology | Expulsion Policy

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Prerequisites and course sequencing reviewed | <input type="checkbox"/> Clinic requirements reviewed                             |
| <input type="checkbox"/> Outreach requirements reviewed               | <input type="checkbox"/> SMART Goal Essay reviewed                                |
| <input type="checkbox"/> Plan for Success reviewed                    | <input type="checkbox"/> Student can reasonably achieve program learning outcomes |
| <input type="checkbox"/> Re-entry plan is operationally feasible      |                                                                                   |
| <b>Outstanding Courses / Requirements</b>                             |                                                                                   |
| <b>Proposed Course / Re-entry Sequence</b>                            |                                                                                   |
| <b>Required Academic Supports</b>                                     |                                                                                   |

### Academic / Program Conditions for Reinstatement

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### Massage Therapy Program Director Decision

|                                  |                                                  |                                         |
|----------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> APPROVE | <input type="checkbox"/> APPROVE WITH CONDITIONS | <input type="checkbox"/> DO NOT APPROVE |
| <b>Name</b>                      | <b>Signature</b>                                 | <b>Date</b>                             |
|                                  |                                                  |                                         |

## 5. Administrative Manager Review

|                                                                              |                                                                        |
|------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Appeal package is complete                          | <input type="checkbox"/> Attendance / punctuality history reviewed     |
| <input type="checkbox"/> Previous warnings / intervention plans reviewed     | <input type="checkbox"/> Policy compliance reviewed                    |
| <input type="checkbox"/> Professional conduct reviewed, where applicable     | <input type="checkbox"/> Student support needs identified              |
| <input type="checkbox"/> SMART goals are specific and measurable             | <input type="checkbox"/> Plan for Success is realistic and monitorable |
| <input type="checkbox"/> Administrative requirements for re-entry can be met |                                                                        |

### Administrative Conditions / Monitoring Requirements



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#### Administrative Manager Decision

|                                  |                                                  |                                         |
|----------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> APPROVE | <input type="checkbox"/> APPROVE WITH CONDITIONS | <input type="checkbox"/> DO NOT APPROVE |
| Name                             | Signature                                        | Date                                    |
|                                  |                                                  |                                         |

## 6. Final Reinstatement Decision

All three reviewers must approve. "Approve with Conditions" counts as approval only when the conditions are clearly documented below and accepted by the student before re-entry.

| Reviewer                         | Decision                                                                                                                | Initial / Date |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------|
| Finance Manager                  | <input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ Conditions <input type="checkbox"/> Do Not Approve |                |
| Massage Therapy Program Director | <input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ Conditions <input type="checkbox"/> Do Not Approve |                |
| Administrative Manager           | <input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ Conditions <input type="checkbox"/> Do Not Approve |                |

#### FINAL STATUS

|                                   |                                                   |                                 |
|-----------------------------------|---------------------------------------------------|---------------------------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> APPROVED WITH CONDITIONS | <input type="checkbox"/> DENIED |
| Effective Reinstatement Date      |                                                   |                                 |
| Probation / Monitoring Period     |                                                   |                                 |
| Assigned Staff Lead               |                                                   |                                 |

## 7. Conditions of Reinstatement

|                                                                       |                                                                     |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Maintain required attendance and punctuality | <input type="checkbox"/> Maintain satisfactory academic performance |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|



|                                                                    |                                                                                 |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Attend scheduled Student Success meetings | <input type="checkbox"/> Participate in tutoring / academic supports            |
| <input type="checkbox"/> Complete outstanding courses              | <input type="checkbox"/> Complete outstanding clinic / outreach requirements    |
| <input type="checkbox"/> Follow approved SMART goals               | <input type="checkbox"/> Follow approved Plan for Success                       |
| <input type="checkbox"/> Maintain professional conduct             | <input type="checkbox"/> Maintain good financial standing / payment arrangement |
| <input type="checkbox"/> Provide progress updates as scheduled     | <input type="checkbox"/> Other condition(s) listed below                        |

**Additional Conditions / Specific Targets / Review Dates**

|                                          |
|------------------------------------------|
| <br><br><br><br><br><br><br><br><br><br> |
|------------------------------------------|

## 8. Student Acknowledgement & Final Authorization

The student must receive the written decision and, when reinstatement is conditional, acknowledge the conditions before returning to class, clinic, or outreach activities.

| Student                                | Signature | Date |
|----------------------------------------|-----------|------|
| <br><br><br>                           |           |      |
| Administrative Manager - Final Release | Signature | Date |
| <br><br><br>                           |           |      |

*File completed form in the student's official academic record with the appeal letter, SMART Goal Essay, Plan for Success, and supporting documentation.*

### Email Template:

Notice of Program Dismissal and Right to Appeal



Dear [Student Name],

This email serves as formal notice that the Ontario College of Technology (OCOT) has determined that you are no longer eligible to continue in the Massage Therapy Program due to [briefly state reason — e.g., academic performance, failure to meet program requirements, attendance concerns, professional conduct concerns, or repeated failure to comply with an academic improvement plan].

As a result, the College is proceeding with your dismissal from the program, effective [Effective Date].

This decision has been made following a review of your academic and/or administrative record, including [identify relevant warnings, meetings, academic improvement plans, attendance concerns, failed courses, or other documented interventions, where applicable].

## Your Right to Appeal

You have the right to submit a written appeal requesting reconsideration and possible reinstatement.

To be considered, your appeal package must include:

1. **Written Appeal Letter**

Explain why you are requesting reinstatement, the circumstances that contributed to your current standing, what has changed, and why you believe you can now successfully meet program requirements.

2. **SMART Goal Essay**

Complete the College's SMART Goal Essay identifying specific, measurable, achievable, relevant, and time-bound goals for improving your academic performance, attendance, professionalism, clinical participation, or other applicable areas.

3. **Plan for Success**

Provide a clear plan explaining how you will successfully continue the program, including study strategies, attendance commitments, time management, academic support, completion of outstanding courses and/or clinic or outreach requirements, and how you will seek assistance when necessary.

4. **Supporting Documentation**

Supporting documentation should be provided where your appeal is based on extenuating circumstances.



## Financial Standing Requirement

To be eligible for reinstatement, you must also be in **good financial standing with OCOT**. Any outstanding tuition, fees, or payment arrangements will be reviewed as part of the appeal process.

## Appeal Review

Your appeal will be reviewed by:

- The **Finance Manager**;
- The **Massage Therapy Program Director**; and
- The **Administrative Manager**.

Reinstatement requires the agreement of **all three reviewers**.

The reviewers will consider your academic record, attendance, professional conduct where applicable, outstanding program requirements, financial standing, SMART Goal Essay, Plan for Success, and your overall readiness to successfully return to the program.

Where necessary, you may also be asked to attend an appeal meeting with College representatives.

## Possible Outcomes

Following review, your appeal may be:

- Approved;
- Approved with conditions; or
- Denied.

If reinstatement is approved, you may be placed on a formal Student Success/Reinstatement Plan and required to meet specific academic, attendance, financial, clinical, professional, or progress-monitoring conditions.

Failure to meet the conditions of reinstatement may result in further suspension, withdrawal, or dismissal.



## Appeal Deadline

Your complete appeal package must be submitted to [Email Address / Administrative Manager] by **[Date and Time]**.

Appeals received after the deadline or incomplete appeal packages may not be considered unless exceptional circumstances apply.

Until you receive written confirmation that an appeal has been approved, you should consider the dismissal decision to remain in effect.

If you have questions regarding the appeal requirements or require a copy of the SMART Goal Essay and Plan for Success template, please contact [Name/Position] at [Email/Phone].

Sincerely,

[Name]

Administrative Manager

Ontario College of Technology (OCOT)

Massage Therapy Program