



## University Secretariat

## GROUNDS OF APPEAL

Provide a brief description of the grounds for your appeal and the facts that support your appeal. Attach additional pages if you need them. (See paragraph 5 under "Jurisdiction" of the [Senate Appeals Committee Jurisdiction and Appeals Procedures](#) for permitted grounds of appeal)

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## TIMELINES

Please note that the Senate Appeals Committee Terms of Reference state that an academic appeal "shall be submitted within 30 calendar days of the date that the decision under appeal was sent to the student."

Does your appeal apply with this time requirement? Yes \_\_\_ No \_\_\_

If no, please provide reasons why an extension of time should be granted in your case. Attach additional pages if you need them. (See paragraph 2 under "Procedures" of the [Senate Appeals Committee Jurisdiction and Appeals Procedures](#) for timeline requirement)

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Does your appeal allege failure to make a decision at the Faculty level? Yes \_\_\_ No \_\_\_

If yes, please note that the Senate Appeals Committee Terms of Reference state that "an academic appeal alleging the refusal to make a decision at the Faculty level shall be submitted with reasonable promptness." Please provide reasons why you feel your appeal is being submitted with reasonable promptness. Attach additional pages if you need them. (See paragraph 2 under "Procedures" of the [Senate Appeals Committee Jurisdiction and Appeals Procedures](#) for timeline requirement)

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## THE HEARING

You are entitled to an oral hearing. If, however, you would prefer that the hearing panel only consider written submissions, you can waive this entitlement.

Would you prefer to waive your right to an oral hearing and only make written submissions? Yes \_\_\_ No \_\_\_

Will you have a representative? Yes \_\_\_ No \_\_\_

If yes, please provide the representative's contact information:

Name: \_\_\_\_\_

Organization/Firm (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

## YOUR CONTACT INFORMATION

Provide

Signature: \_\_\_\_\_ Date: \_\_\_\_\_