

ACADEMIC AND DISCIPLINARY APPEAL FORM

Before submitting your appeal, you should consult with the Student Advocacy Office, Room 519, University Centre.

Timely handling of your appeal requires that this form is completed in full and that all supporting documentation (e.g., medical) is submitted along with this form. Please append additional pages as required.

DEADLINES:

Academic Program Appeals: Within 15 working days of notification of action/decision to be appealed.

Student Discipline Appeals: Within 10 working days of notification action/notion to be appealed.

Name: _____ Student Number: _____

Address: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____ Work: _____

E-mail Address: _____

Action/decision you are appealing: _____

Date of notification about action/decision: _____

Name of decision maker: _____

Nature and grounds for your appeal (attach further information): _____

Remedy you are seeking: _____

The information provided for the purposes of this appeal will be handled in full compliance with the *Protection of Privacy* provisions in *The Freedom of Information and Protection of Privacy Act (FIPPA)* and the *Personal Health Information Act (PHIA)*. If you have any questions about the provisions of these Acts, please contact the Access & Privacy Coordinator's Office (204) 474-8339, 230B Elizabeth Dafoe Library, University of Manitoba, R3T 2N2, or visit http://umanitoba.ca/admin/vp_admin/fippa

As such, _____ I agree:

(student's name: printed)

That a confidential file pertaining to the above mentioned appeal will be kept by the Faculty of Graduate Studies;

Access to this file will be strictly limited to the authorities vested, by University of Manitoba policy, with the responsibility for resolving the appeal and as governed by FIPPA and PHIA; and

I give consent to the Associate Dean and his/her confidential secretary to acquire additional files and speak to relevant parties regarding my case (i.e., as specified below, please complete in full):

Yes No

Your graduate program advisor (name): _____

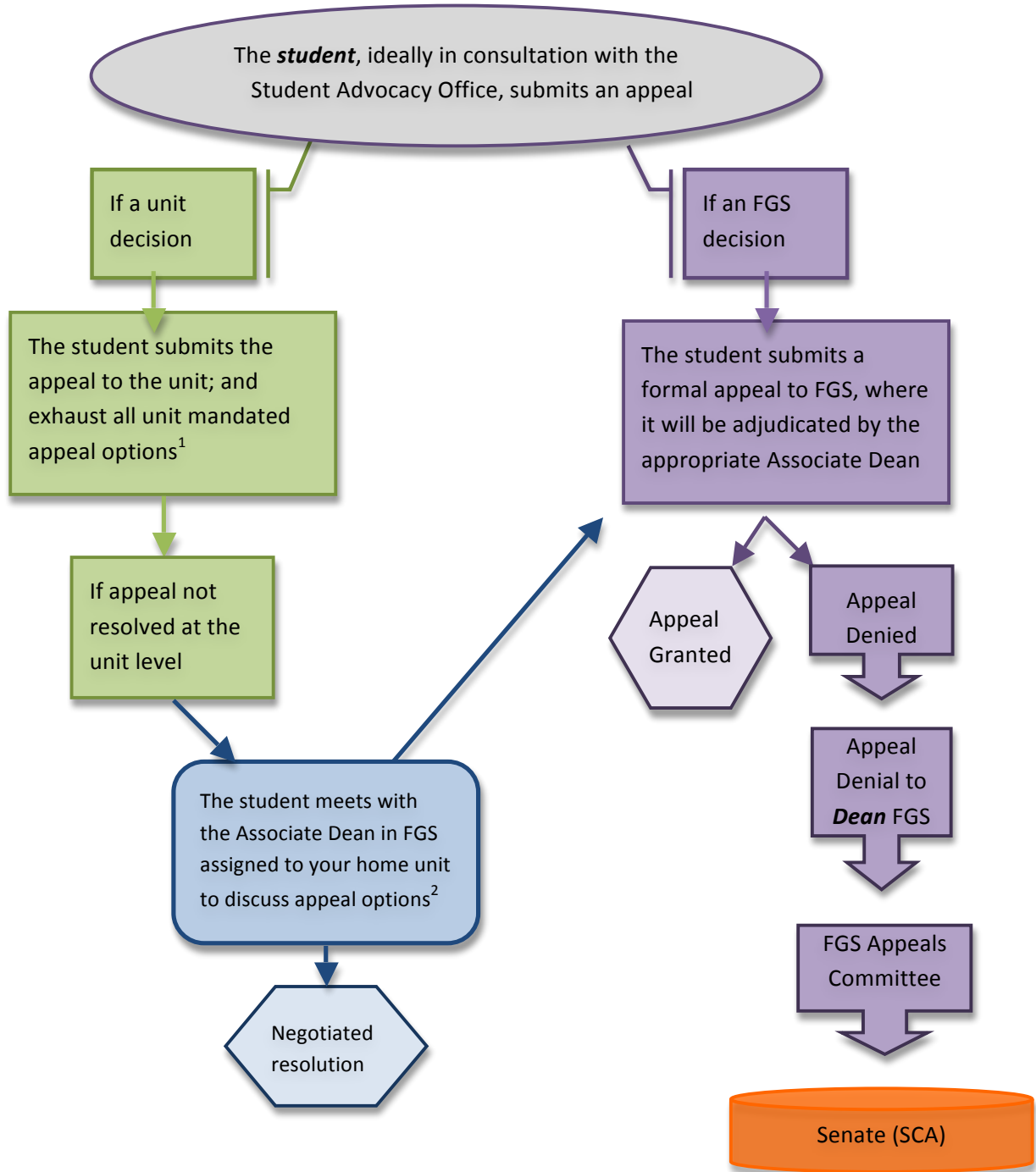
Unit Graduate Program Chair (name): _____

Other (please specify name and role): _____

Student's signature: _____

Date: _____

Who rendered the decision? The appeal process starts at that level.



¹ Unit level appeal options vary by Faculty, School, Department. Please consult with the Graduate Program Chair and/or the Student Advocacy Office for further information.

² If new information and/or a different basis for the appeal arises in this discussion, the AD FGS will consult with unit level authorities to determine whether the added information would result in a different decision (e.g., compromise)—if not, continues on to a formal appeal through the FGS process.

Faculty of Graduate Studies: Student Discipline By-Law Appeals Process

