

MAX RADY COLLEGE OF MEDICINE ACADEMIC APPEALS COMMITTEE APPEAL FORM

NOTICE: This appeal form and supporting appeal documentation must be submitted to the attention of the Committee Chair, care of the College Dean's Office, Room 260 Brodie Centre, 727 McDermot Avenue, University of Manitoba R3E 3P5, within 20 days from the date of the final Program decision being appealed.

APELLANT INFORMATION:	
Appellant Name:	
UM Student No.	
Mailing Address:	
Telephone:	
Email:	
SUPPORT INFORMAT	TION: May attend appeal hearings as observers only
Name of Support	
person/advocate:	
Mailing Address:	
Telephone:	
Email:	
Do you authorize the College to discuss and disclose information pertaining to your appeal with your named support person/advocate? (Yes/No):	
APPEAL INFORMATION: You must include with this form:	
1. A letter to the Committee Chair, clearly explaining the Program decision being appealed, the grounds for appeal, and include supporting background detail and documentation, such as the letter of decision from the last appeal level.	
2. Information on the remedy sought from the Committee (this should not be different from that requested at the last appeal level);	
	ositions of any witnesses (recognizing that the Chair may limit or disallow their
By signing this form, I acknowledge that I have read the College Academic Appeals Policy.	
Signature of Appellant:	Date:

This information is being collected under the authority of The University of Manitoba Act and it will be used to process your academic appeal. The personal information that you provide will be used only for the purpose for which it is collected, unless you consent to further use or we are authorized to further use pursuant to The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (Telephone: (204) 474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB R3T 2N2