



SENATE COMMITTEE ON APPEALS – APPEAL FORM
 Return completed form by email to marcia.yoshida@umanitoba.ca
 Telephone: 204-474-6166 Fax: 204-474-7511

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
NAME (APPELLANT): _____	U OF M STUDENT NO.: _____ <small>(if applicable)</small>
MAILING ADDRESS: _____ <small>Street City/Province Postal Code</small>	
TELEPHONE: _____ <small>Home Cell/Business Fax</small>	EMAIL: _____
FACULTY/SCHOOL (RESPONDENT) _____	DATE OF LAST APPEAL LEVEL DECISION _____

Will you be accompanied by a spokesperson? Yes No Will this spokesperson be a lawyer? Yes No

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
NAME OF SPOKESPERSON: _____	POSITION: _____
MAILING ADDRESS: _____ <small>Street City/Province Postal Code</small>	
TELEPHONE: _____ <small>Business Fax</small>	EMAIL: _____

INDICATE THE GROUNDS FOR APPEAL – See Section 2.5 of the Senate Committee on Appeals Policy

- failure of the Faculty/School or Dean/Director to follow procedures
- failure of the Faculty/School or Dean/Director to follow the rules of natural justice
- failure of the Faculty/School or Dean/Director to reasonably consider all factors relevant to the decision being appealed
- that a Faculty/School/Senate governing document has become inapplicable through lapse of time or was unfairly applied
- that there is an apparent conflict between a Senate governing document and a Faculty/School governing document
- failure of Senate, the Faculty/School, or Dean/Director to comply with applicable legislation

CLEARLY SPECIFY THE REMEDY YOU ARE SEEKING:
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YOU MUST INCLUDE:

- A letter to the Chair clearly explaining the grounds for the appeal
- A copy of the letter of decision from the last appeal level
- A copy of all of the documentation submitted to the last appeal level
(new documentation **cannot** be submitted at this time)
- The names of any witnesses, recognizing that calling them is at the discretion of the Chair

The Committee shall decide whether to hear the appeal in open or closed session taking into account the preferences of both the Appellant and the Respondent. Indicate your preference: OPEN CLOSED

Do you give permission for your Academic Transcript to be distributed to the Committee: YES NO

By signing this form, I acknowledge that I have read the Senate Committee on Appeals Policy and Procedures.

http://umanitoba.ca/admin/governance/governing_documents/students/senate_committee_on_appeals_policy.html

Signature of Appellant

Date

This personal 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 the purpose for which it is collected, unless you consent or we are authorized to do so under 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 (Tel: 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB R3T 2N2.