

Appeal Application

INSTRUCTIONS

1. Complete this form electronically using Adobe Acrobat Reader (recommended). Save the file as LastName_FirstName_CurrentDate.
2. For section B, you must consult with your program advisor. Email them the completed PDF file. Their electronic signature is required.
3. Your advisor will send you back the signed form. Email an electronic copy of the completed PDF form to eng.info@umanitoba.ca. Attach a scan of the supporting documents.
4. Your signature is not required on this form and you must submit this application using your umanitoba.ca email. The act of submitting this form and documents using your umanitoba.ca email replaces the requirement for your signature.
5. Submit the original PDF. DO NOT print and scan this application as some information might get lost.
6. Completed applications, along with a scan of the supporting documents, must be received by the application deadline found on the [Engineering Appeals webpage](#).
7. Be sure to retain all originals of supporting documents.
8. Please bring originals of documents with you to the hearing.

For full details on the appeals procedure visit the [Student Resources](#) webpage.

A) STUDENT INFORMATION

Student Last Name: _____ First (Given) Name: _____

Student Number: _____ Department: _____

U of M Email: _____ Phone #: _____

Address: _____

City: _____ Postal Code: _____

B) EDUCATIONAL INFORMATION

Program: _____ Current Standing: _____

Year and term admitted to the program: _____ Degree credit hours attempted: _____

Degree credit hours passed: _____ Ratio (%) of passed to attempted hours: _____

Total credit hours failed: _____ How many courses do you have left to complete? _____

In consultation with your advisor, provide a course plan for the next four academic terms or until graduation if graduating in less than four terms. Include year, term, and a list of courses for each term.

Term 1

Term 2

Term 3

Term 4

Appeal Application

B) EDUCATIONAL INFORMATION (cont.)

Program advisor: _____ Advisor signature: _____

Date: _____

C) APPEAL DETAILS

What are the grounds of your appeal?

- Medical Compassionate

Clearly state your request/appeal. For example: "Authorized Withdrawal in ECE 2262 taken in Fall 2022".

Appeal Application

C) APPEAL DETAILS (cont.)

Use the space below to provide details for your request/appeal. DO NOT include details of your request on additional pages.

List the documents that are attached to this application, for example, medical documentation.

Appeal Application

D) ASSISTANCE FROM THE STUDENT ADVOCACY OFFICE

Students are strongly recommended to seek help from the [Student Advocacy Office](#) or a representative from the [University of Manitoba Students' Union](#).

Please select one of the following:

- The following person is my advocate and they have helped me to prepare this appeal. I give consent to disclose information related to this appeal to them.

Name of Advocate: _____.

- I have made the decision to prepare my appeal application and/or attend on my own without assistance from Student Advocacy or the UMSU Vice President (Advocacy).

E) REQUEST/APPEAL HISTORY

Have you appeared before the Standing and Appeals Committee in the past? (If no proceed to section F)

- Yes No

If your answer to the above question is Yes, how many times have you appeared in front of the Committee before?

If your answer to question 1 is Yes, please briefly explain if there is any relationship between the present appeal and your earlier appeal(s).

F) CONFIRMATION

I hereby confirm that the information provided in this application is correct and the attached documents are authentic. I understand that submission of falsified or forged documents can lead to denial of the appeal and further disciplinary actions. This information is being collected under the authority of The University of Manitoba Act. It will be used for decisions concerning academic consideration. It is protected by provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection of this information, contact the Access and Privacy Office, 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB R3T 2N2, Tel: (204) 474 9462.

Printed Name: _____

Date: _____

Your signature is not required on this form since you are submitting this form using your umanitoba.ca email. The act of submitting this form and documents using your umanitoba.ca email replaces the requirement for your signature.

Appeal Application

G) OFFICE USE ONLY

Was a hearing required?

Yes No

Was the appeal granted?

Yes No

Decision 2 was made by:

Date of committee/hearing:

Names of committee members and chair:

Motion by:

Seconded by:

All in favour:

Votes (all in favour/against/obstained)

Student's advocate:

Section G completed by:

If the appeal was partially granted, what was the decision of the Committee? Any additional comments?