

Instructions

1. Complete this form electronically using Adobe Acrobat Reader (recommended). Use LastName_FirstName_CurrentDate.pdf as file name.
2. For section B you need to consult with your program advisor. Email them the completed pdf file. Their electronic signature is required.
3. Your advisor will Email you back the signed form. Email an electronic copy of the completed PDF form to Judy.Schroen-Galinaitis@umanitoba.ca. Attach a scan of the supporting documents (if any).
4. Your signature is not required on this form as 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 in the following web site.
7. Submit originals of the supporting documents (if any) to E1-284 EITC, to the attention of Ms. Schroen-Galinaitis.
8. Originals of the supporting documents must be received by the hearing date (found in the following web site as well).

For the appeal procedure visit http://umanitoba.ca/faculties/engineering/student_resources.

A. Personal Information

- | | | | |
|------------------------------|----------------------|----------------------|---------------------|
| 1. First name | 2. Last name | 3. Student number | 4. University email |
| 5. Mailing address in Canada | 6. Home phone number | 7. Cell phone number | |

B. Educational Information

You need to consult with your program advisor to fill in this section. Their signature is required at the bottom of this section.

- | | | | |
|--|-------------------------------|---|------------------------------|
| 1. Program | 2. Current standing | 3. Year and term admitted to the program | |
| 4. Degree credit hours attempted | 5. Degree credit hours passed | 6. Ratio (%) of passed to attempted credit hours | 7. Total credit hours failed |
| 8. How many courses you have left to complete? | | 9. In the following, 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
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- | | | |
|---------------------------------|------------------------------|----------|
| 10. Name of the program advisor | 11. Signature of the advisor | 12. Date |
| | | |

C. Appeal Details

1. What are the grounds for your appeal?

2. If the request/appeal is based on medical grounds, is the medical condition chronic (or does it still exist)?

Yes

No

Don't know

3. Clearly state your request/appeal. For example: "Authorized Withdrawal in ECE 2262 taken in fall 2015".

4. Use the space below to provide details for your request/appeal. The following text box is expandable. DO NOT include details of your request in (an) additional page(s).

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

D. Assistance from the Student Advocacy Office

Students are strongly recommended to seek help from the Student Advocacy Office <http://umanitoba.ca/student/advocacy/> or a representative from the University of Manitoba Students' Union <http://www.umsu.ca/>.

Please select one of the following:

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

I have contacted the Student Advocacy Office and/or UMSU but no advocate was available to help me.

The following person is my advocate and I give consent to disclose information related to this appeal to them.

Name of your advocate

E. Request/Appeal History

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

Yes No

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

3. 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.

1. Print name

2. Signature

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.

3. Date

G. For Office Use Only.

1. Was a hearing required?

2. Was the appeal granted?

3. Decision in 2 was made by:

4. Date of committee/hearing meeting?

5. Names of the committee members and chair

6. Motion by

7. Seconded by

8. All in favor?

9. Votes: all in favor / abstain / against

10. Student's advocate

11. This section completed by (name, date)

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