

SENATE COMMITTEE ON ADMISSION APPEALS - APPEAL FORM

Return completed form by email to marcia.yoshida@umanitoba.ca Telephone: 204-474-6166 Fax: 204-474-7511

Mr.	
NAME (APPELLANT):	U OF M STUDENT NO.:
MAILING ADDRESS:	(if applicable)
Street, City, Province, Postal Code	
TELEPHONE: Home / Cell / Business	EMAIL:
Home / Cell / Business	
FACULTY/SCHOOL OF APPLICATION	_
Do you wish to appear before the Senate Committee on Admission App	peals? Yes No
Will you be accompanied by a spokesperson?	Yes ☐ No ☐
NAME OF SPOKESPERSON:	POSITION:
MAILING ADDRESS:	
Street, City, Province, Postal Code	FAMALI
TELEPHONE:Business / Cell	EMAIL:
Those parts of the appeal meeting at which you or the representative of the Faculty may wish to make a presentation may be held in open or closed session. The committee shall determine which upon considering advice from both parties. Do you wish those parts of the meeting to be open or closed? Open Closed Reason:	
Have you read the Terms of Reference of the Senate Committee on Admission Appeals? Yes No No http://umanitoba.ca/admin/governance/governing_documents/students/admission_appeals.html	
Clearly specify the grounds for your appeal recognizing that the committee is only empowered to focus on questions of correct adherence to published policies and procedures, and NOT on subjective issues or the relative merits of your application. [click in box to begin typing]	
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 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.