



**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.

APPELLANT INFORMATION:

Appellant Name:	
UM Student No.	
Mailing Address:	
Telephone:	
Email:	

SUPPORT INFORMATION: 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);
3. The names and positions of any witnesses (recognizing that the Chair may limit or disallow their submission of evidence).

By signing this form, I acknowledge that I have read the College Academic Appeals Policy.

Signature of Appellant: _____ **Date:** _____