



**Dr. Gerald Niznick College of Dentistry  
UNDERGRADUATE STUDENT ACADEMIC APPEAL FORM**

Name: \_\_\_\_\_ U of Manitoba Student Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Will you be accompanied by a support/spokesperson? Yes \_\_\_ No \_\_\_

Name of support/spokesperson: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Course in which the term work/grade is being appealed; if the appeal is for other academic decisions please specify:

\_\_\_\_\_  
\_\_\_\_\_

Name of the Course Coordinator/Instructor in the appeal: \_\_\_\_\_

Clearly specify the nature and grounds for your appeal and attach additional pages as necessary. Include any supporting documentation that you wish the Committee to consider.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify the outcome you are seeking: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_