

UNIVERSITY DISCIPLINE COMMITTEE - APPEAL FORM

Return completed form to the Office of the University Secretary, 312 Administration Bldg.

Name:

Student Number:

Mailing Address:

City / Province:

Postal Code:

Home Telephone:

Business:

Fax:

Faculty / School:

Will you be accompanied by a spokesperson?

Yes

No

Will this spokesperson be legal counsel?

Yes

No

Name Of Spokesperson:

Mailing Address:

City / Province:

Postal Code:

Home Telephone:

Business:

Fax:

Hearings shall be closed unless the student concerned requests in writing at least 48 hours prior to the proceeding, that the hearing be open. If the hearing is open, reasonable seating for spectators shall be provided, but spectators may not participate in the proceeding.

Please indicate Disciplinary Authority:

Please state what you are appealing:

Findings:

Penalty:

Both:

Signature:

Date: