

SENATE COMMITTEE ON ACADEMIC APPEALS - APPEAL FORM

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

NAME: Mr./Ms. _____ U OF M STUDENT NO.: _____MAILING ADDRESS: _____
Street City/Prov. Postal CodeTELEPHONE: _____ EMAIL: _____
Home Cell/Business Fax

FACULTY/SCHOOL: _____

Will you be accompanied by a spokesperson? **Yes** **No** Will this spokesperson be legal counsel? **Yes** **No**

NAME OF SPOKESPERSON: _____ POSITION: _____

MAILING ADDRESS: _____
Street City/Prov. Postal CodeTELEPHONE: _____ EMAIL: _____
Business Fax**GROUND FOR APPEAL (compulsory):****Medical** **Procedural** **Undue Hardship** **Other circumstances that warrant special consideration** (Specify) _____**Clearly specify the remedy you are seeking (compulsory – do not append additional pages):****YOU MUST INCLUDE:**

- A letter to the Chair detailing, in full, the basis of your appeal (compulsory)
- All relevant and supporting documentation, if any
- A list of accompanying documentation

Those parts of the appeal meeting at which you, or the representative of the Faculty, 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 open or closed? **Open** **Closed** Do you give permission for your Academic Transcript to be distributed to the Committee? **Yes** **No** _____
Signature_____
Date