



**SENATE COMMITTEE ON ADMISSION APPEALS - APPEAL FORM**

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

Name: \_\_\_\_\_ U of MB Student # \_\_\_\_\_

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

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Faculty/School of Application: \_\_\_\_\_

Do you wish to appear before the Appeal Committee? " Yes " No

Will you be accompanied by a spokesperson? " Yes " No

Name & position of spokesperson: \_\_\_\_\_

*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 open or closed? " Open " Closed

Reason: \_\_\_\_\_

**IMPORTANT**

Have you read the Terms of Reference of the Senate Admission Appeal Committee? " Yes " No

**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.**

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