** Notice of Appeal Form 72A**

**It is the student’s responsibility to ensure that this form is completed fully and all necessary
documents are included.
Failure to submit complete material may result in rejection of your appeal.**

**This form is used to begin the appeal process under Policy 72.** Resources to advise students include the Conflict Management and Human Rights Office, Student Resource Office, Secretariat and Faculty Undergraduate and Graduate Offices.

The completed form with supporting documentation is to be submitted to the Chair of the appropriate Faculty Committee on Student Appeals (FCSA) (c/o Office of the Dean of the Faculty) **within 10 working days** of being notified of:

 ● a grievance decision in an academic setting made by an Associate Dean under Policy 70 – Student Petitions and Grievances

 ● the decision of the Associate Dean of the Faculty under Policy 71 – Student Discipline where the penalty imposed does not include suspension for more than three consecutive terms or expulsion (in those cases the University Committee on Student Appeals has jurisdiction)

The completed form with supporting documentation is to be submitted to the Chair of the University Committee on Student Appeals (UCSA) (c/o Secretariat, Needles Hall) **within 10 working days** of being notified of:

 ● a discipline penalty imposed under Policy 33 – Ethical Behaviour

 ● a grievance decision in an academic support setting made under Policy 70 – Student Petitions and Grievances

 ● a decision of an Associate Dean under Policy 71 – Student Discipline where the penalty imposed includes suspension for more than three consecutive terms or expulsion

 ● a decision of the Vice-President, Academic & Provost under Policy 71 – Student Discipline

 ● a decision of a Faculty Committee on Student Appeals

**Student Information:**

**Last Name:**

**First Name:**

**ID Number:**

**Faculty:**

**Program:**

**Local Contact Information:**

**Street Address:**

**City:**

**Postal Code:**

**Email Address:**

**Telephone Number:**

Note: It is the student’s responsibility to immediately report any change to this contact information.

**Written responses to the following items must be provided below or typed on additional sheets.**

**Name and title of the individual/committee whose decision is being appealed. [Attach a copy of each decision related to the matter.]**

**Appeal type:**

Select **one** of the following:

|  |  |
| --- | --- |
|  | The appeal is against a grievance decision in an academic setting made by an Associate Dean under Policy 70 - Student Petitions and Grievances. |
|  | The appeal is against the decision of the Associate Dean of the Faculty under Policy 71 – Student Discipline and is against the finding that my conduct amounted to misconduct. |
|  | The appeal is against the decision of the Associate Dean of the Faculty under Policy 71 – Student Discipline and is for relief of the penalty imposed. |
|  | The appeal is against the decision of the Associate Dean of the Faculty under Policy 71 – Student Discipline and is against the finding of misconduct and for relief of the penalty imposed. |
|  | The appeal is against a discipline penalty imposed under Policy 33 – Ethical Behaviour. |
|  | The appeal is against a grievance decision in an academic support setting made under Policy 70 – Student Petitions and Grievances. |
|  | The appeal is against a decision of the Vice-President, Academic & Provost under Policy 71 – Student Discipline imposing a ban from campus. |

**The outcome of the case at the original hearing might have been substantially affected by the circumstance(s) indicated below:**

Select any of the following that apply. You must choose at least one.

|  |  |
| --- | --- |
|  | There was a fundamental procedural error seriously prejudicial to me. |
|  | There was clear evidence of bias in a hearing or decision. |
|  | Significant new information relevant to the case that was not available through diligence prior to the decision has been discovered. |
|  | Inadequate weight was given to the evidence provided. |
|  | The severity of the penalty imposed exceeds the nature of the offence for reasons identified below. |

**Details of the Appeal**Set out the reasons for appealing the decision, including an explanation of the circumstance(s) claimed above as a ground for the appeal.

**Relief Requested**Set out the result you are seeking.

**Witnesses**

Note: The student is responsible for ensuring the availability of his/her witnesses for the hearing and for notifying each witness of the date, time and location of the hearing.

Select one:

|  |  |
| --- | --- |
|  | I will not be calling any witnesses. |
|  | I will be calling the following witnesses: |

Identify any witnesses you intend to call (name, address, telephone number, email address) and a brief statement of the evidence you expect each will give.

**Support Person**

Note: The student is responsible for ensuring the availability of his/her support person for the hearing and for notifying that person of the date, time and location of the hearing.

Select one:

|  |  |
| --- | --- |
|  | I will not be accompanied by a support person. |
|  | I will be accompanied by: |

Set out that person’s name and relationship to you.

**Decision:**

|  |  |
| --- | --- |
|  | I have attached a copy of each decision related to the matter. (e.g. associate dean and FCSA) |

**Documentation**

Select one:

|  |  |
| --- | --- |
|  | I have no supporting documentation to attach. |
|  | I have attached a copy of all relevant supporting documentation: |

List any additional documents being attached:

**I confirm that:**

1. **I have read and I understand Policy 72 – Student Appeals.**
2. **I understand that the tribunal may decide to proceed with a written hearing. I have included all of the documents and information I want to have considered.**
3. **I certify that any documents I have submitted are authentic and that the statements I have made are true.**
4. **I may be contacted at the address, telephone number and email address given above.**
5. **I will immediately report any change to my contact information.**
6. **I will check my email frequently and respond promptly.**

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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