

SENATE APPEALS COMMITTEE

NOTICE OF ACADEMIC APPEAL

University Secretariat

Please complete the form below and email/deliver to:

Attention: Vice-Chair (Student Affairs)
University Secretariat
Dalhousie University
Room 210, 6299 South Street
Halifax, Nova Scotia B3H 4R2
Email: discipline.appeals@dal.ca

NAME: _____ STUDENT NUMBER: B00_____

DESCRIPTION OF APPEAL

Faculty: _____

Date of Faculty decision (or failure to make a decision): _____

Who/What Faculty Committee made the decision (or failed to make a decision):

Brief description of the decision (including identifying the regulation, procedure or requirement at issue):

Copy of Faculty decision attached? Yes ___ No ___

Please note, the University Secretariat will seek to obtain confirmation from the Faculty whether you have exhausted all appeal regulations and procedures of the Faculty. If you have not exhausted all appeals within the Faculty, your appeal cannot proceed.

GROUNDS OF APPEAL

Provide a brief description of the grounds for your appeal and the facts that support your appeal. Attach additional pages if you need them. (See paragraph 5 under “Jurisdiction” of the [Senate Appeals Committee Jurisdiction and Appeals Procedures](#) for permitted grounds of appeal)

TIMELINES

Please note that the Senate Appeals Committee Terms of Reference state that an academic appeal “shall be submitted within 30 calendar days of the date that the decision under appeal was sent to the student.”

Does your appeal apply with this time requirement? Yes ___ No ___

If no, please provide reasons why an extension of time should be granted in your case. Attach additional pages if you need them. (See paragraph 2 under “Procedures” of the [Senate Appeals Committee Jurisdiction and Appeals Procedures](#) for timeline requirement)

Does your appeal allege a failure to make a decision at the Faculty level? Yes ___ No ___

If yes, please note that the Senate Appeals Committee Terms of Reference state that “an academic appeal alleging the refusal to make a decision at the Faculty level shall be submitted with reasonable promptness.” Please provide reasons why you feel your appeal is being submitted with reasonable promptness. Attach additional pages if you need them. (See paragraph 2 under “Procedures” of the [Senate Appeals Committee Jurisdiction and Appeals Procedures](#) for timeline requirement)

THE HEARING

You are entitled to an oral hearing. If, however, you would prefer that the hearing panel only consider written submissions, you can waive this entitlement.

Would you prefer to waive your right to an oral hearing and only make written submissions? Yes ___ No ___

Will you have a representative? Yes ___ No ___

If yes, please provide the representative's contact information:

Name: _____

Organization/Firm (if applicable): _____

Mailing Address: _____

Email: _____

Telephone: _____

YOUR CONTACT INFORMATION

Provide your current contact information so you may be contacted with respect to this appeal:

Mailing Address: _____

Email: _____

Telephone: _____

Signature: _____ **Date:** _____