



SENATE APPEALS COMMITTEE
NOTICE OF DISCIPLINE APPEAL

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

Course name: _____ Course number: _____

Instructor: _____

Faculty: _____

Date of Senate Discipline Committee hearing panel's written decision: _____

Copy of Senate Discipline Committee hearing panel's decision attached? Yes ___ No ___

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)

Four horizontal lines for providing the 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 requirements)

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:** _____