

## University Secretariat

## 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 <u>Senate Appeals Committee</u> <u>Jurisdiction and Appeals Procedures</u> for permitted grounds of appeal)				

Room 210, Henry Hicks Academic Administration Building. • Dalhousie University • Halifax, NS B3H 4R2 Canada Tel: 902.494.7619 • Email: discipline.appeals@dal.ca • Web: www.senate.dal.ca

## 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 <u>Senate Appeals Committee Jurisdiction and</u> <u>Appeals Procedures</u> 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: