

APPENDIX 2

FACULTY OF MEDICINE & DENTISTRY  
ACADEMIC APPEAL FORM  
FOR UNDERGRADUATE AND GRADUATE STUDENTS

This form is to be used when an undergraduate or graduate student is appealing:

- a final grade in a course(s), as set out in Section 2.2.4 of the *Faculty of Medicine & Dentistry Academic Appeals Policy for Undergraduate and Graduate Students*; or
- his or her Academic Standing as set out in Section 3.3 of the *Faculty of Medicine & Dentistry Academic Appeals Policy for Undergraduate and Graduate Students*.

**TO: Faculty Academic Appeals Committee**

**FROM:**

<b>Student's Name:</b>	
<b>Address (including postal code):</b>	
<b>Phone Number(s):</b>	
<b>Email Address(es):</b>	
<b>Best Way to Contact:</b>	
<b>Program of Study:</b> <input type="checkbox"/> MD <input type="checkbox"/> DDS <input type="checkbox"/> DH <input type="checkbox"/> MLS <input type="checkbox"/> RADTH	<b>Year of Study:</b> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6
<b>Undergraduate Students from other faculties provide the name of your Faculty</b>	
<b>Graduate Students - provide the name of the Department where you receive supervision</b>	
<b>Specify Your Preferred Method of Receipt of Materials</b>	<input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Courier

Approved at Faculty Council: June 18, 2013

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1. **PLEASE ACCEPT THIS AS MY ACADEMIC APPEAL ARISING FROM THE FOLLOWING FACULTY DECISION:**

- The decision that I be required to withdraw from the Faculty of Medicine & Dentistry
- The decision that I be required to repeat a year within the Faculty of Medicine & Dentistry
- The decision that I be required to repeat a course, rotation, elective, or selective within the Faculty of Medicine & Dentistry
- The decision that I be required to rewrite an examination(s) in the Faculty of Medicine & Dentistry
- The decision that I be required to complete remedial course work within the Faculty of Medicine & Dentistry
- The decision that I be required to complete a clinical rotation within the Faculty of Medicine & Dentistry
- The grade of \_\_\_\_ which I received in \_\_\_\_\_  
Name the (Course[s] or Rotation[s])
- Other: (Explain)

II. **MY GROUNDS FOR APPEAL ARE AS FOLLOWS:**

Additional pages of supporting documentation may be attached. All known grounds must be listed and explained. See Section 2.2.1 for final grades and Section 3.3.1 for Academic Standing for guidance in this area.

**III. I AM REQUESTING THAT I BE GRANTED THE FOLLOWING RELIEF.**

If alternative forms of relief are requested, list them in order of preference:

IV. AT MY APPEAL HEARING I INTEND TO:  
**(Check all that are relevant)**

- Be accompanied by an advisor.
- Name of Advisor: \_\_\_\_\_
- Call a witness or witnesses to give evidence. How many? \_\_\_\_\_
- Make an oral statement and/or
- Have my advisor make an oral statement
- I have attached all documentation in support of my appeal.

**UNLESS OTHERWISE AGREED TO BY THE APPEALS COMMITTEE, any and all documentation in support of the appeal must be submitted with this Academic Appeal Form.**

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

Signature: \_\_\_\_\_  
**Appellant**

Printed Name: \_\_\_\_\_  
**Appellant**

Signature: \_\_\_\_\_  
**Witness**

Printed Name: \_\_\_\_\_  
**Witness**