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THIS COVER SHEET MUST BE SUBMITTED WITH THE APPEAL SUBMISSION

Last Name:	First Name:	Middle Name(s):	UCID Number:
Email:			Phone:
Mailing Address:			
Graduate Program:			Degree Type:

Attachment Requirements

1. According to Section 4.2 of the [Faculty of Graduate Studies Appeals Committee Procedure](#), your appeal must include:
 - a. the Appellant's student ID number, current address and telephone contact number(s)
 - b. the Academic Assessment decision or Dean's Decision being appealed;
 - c. the specific ground(s) for the appeal;
 - d. the outcome sought by the Appellant;
 - e. copies of all documentation relevant to the appeal, including any correspondence regarding the decision being appealed, such as:
 - i. letter of appeal detailing grounds for appeal
 - ii. non-official Transcripts
 - iii. any email records, medical notes, etc
 - f. copies of any additional supporting evidence, and
 - g. whether the Appellant is requesting an accommodation or any special consideration regarding their participation in an appeal hearing, should the appeal proceed to a hearing by the Faculty of Graduate Studies Appeals Committee.

Please note that items a-d, and g may be addressed through this form.

Please select one or more of the box(s) below to indicate the grounds* under which you are appealing:

**As per Section 3.1 of the Faculty of Graduate Studies Appeals Committee Procedure, a Graduate Student may appeal an Academic Assessment or Dean's Decision on only the following grounds to the Faculty of Graduate Studies Appeals Committee:*

- that a procedural irregularity occurred in the conduct of the Academic Assessment;
- that there was a reasonable apprehension of bias on the part of the person who made the Academic Assessment or on the part of the Dean;
- relevant new information has arisen that could not have been presented earlier and that may have otherwise affected the Academic Assessment or Dean's Decision being appealed

Please specify only one (1) of the following outcomes you are seeking:

- another opportunity to complete the Academic Assessment; or
- that the Dean's Decision be returned to the Dean for resolution in accordance with applicable University and Faculty of Graduate Studies policies, regulations and procedures

Please indicate whether you require any accommodation or special consideration regarding your participation in the hearing process.

Please confirm the following:

- I have read and understood the [Faculty of Graduate Studies Appeals Procedures](#) for Decisions Regarding a Graduate Thesis Exam, a Candidacy Component, or Other Decisions of the Dean.
- I have attached all the documents requested above in my appeal submission.

Student Name (Printed)

Student Signature

Date