

## **Graduate Studies - Notice of Academic Appeal**

School of Graduate and Postdoctoral Studies Ontario Tech University 2000 Simcoe Street North, Oshawa, ON L1G 0C5 905.721.8668 ext. 6209 905.721.3062 (fax) ontariotechu.ca/gradstudies gradstudies@uoit.ca

This form and all supporting documentation must be filed in person no later than 4 p.m. on the 10th working day after the date of the decision being appealed to:

Dean of Graduate and Postdoctoral Studies School of Graduate and Postdoctoral Studies University of Ontario Institute of Technology 2000 Simcoe St. North, Oshawa ON L1H 7K4

Student Number:			
Last Name:	First Name:		
Program:		1	
Street Address:			
City:	Prov:	Postal Code	
Daytime Telephone Number:	Er	nail:	
Check one:			
I would like an oral hearing	I wou	NOT like an oral hearing	
In a typed letter of appeal attached to this app	plication, provide	the following information:	
<ul> <li>(Where possible, include the text of the decomposition of resolution being sought.</li> <li>The form of resolution being sought.</li> <li>The specific grounds on which the appeal in the summary of the evidence in support of the items as medical certificates, official certification course progress, etc.)</li> </ul>	cision). is made. nese grounds. Atta cates or document	h supporting documentation. (This may include such course policies, pertinent class grades to show satisfy or parties, please complete the following:	ch atisfactory
Name of Representative:			
Representative's Relationship with Appellant:			
Names of Witnesses, if any:			
I have read and understood the General Pol certify that the documents I have submitted are I acknowledge that the submission of false do	e authentic and t	at the statements I have made are true.	
I understand that, other than material present materials will be considered by the Graduate of both parties.			
understand the findings of the Panel are final	in this matter.		
Date:		Signature:	