

Notice of Academic Appeal – Faculty of Health (Undergraduate)

Please complete the form below and email to:

Attention: Chair, Student Appeals Committee
Email: healthappeals@dal.ca

Student Name:

Student Number:

Description of Appeal

Date of decision or the failure to make a decision:

(Please note: your appeal must be submitted within 30 days of the date the decision was sent to you)

Who made the decision (or failed to make a decision):

Brief description of the decision (including identifying the regulation, procedure or requirement at issue):

Grounds Of Appeal

Provide a description of the grounds for your appeal and the facts that support your appeal.

Specifically, you should describe how the faculty member or academic administrator treated you unfairly in making (or refusing to make) the academic decision at issue. Please also provide as separate attachments, if applicable:

- all supporting arguments and evidence
- other relevant considerations
- supporting letters
- the requested outcome

Representation At Hearing

You are entitled to an oral hearing and to have a representative appear with you at the hearing.
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:

To Whom Should Correspondence Regarding This Appeal Be Sent

Appellant Only

DSAS Representative Only

Both

Student Signature	Date