SUBMISSION FORM OF AN APPEAL TO THE SENATE APPEALS COMMITTEE

All sections of this form must be completed in order to initiate an appeal.

CONTACT INFORMATION										
	LAST NAME									
FACULTY THAT ISSUED THE DECISION IN THIS APPEAL										
YOUR PROGRAM										
		PRIMARY PHONE NUMBER	1 1	1		ı			ı	1
		SECONDARY PHONE NUMBER	1 .	i		ı				
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Please do not forget to inform us as soon as possible should the information above change.

Please note that the Chair of the Senate Appeals Committee has the power to refuse the receipt of an appeal if it does not meet the requirements listed in the Procedure for an Appeal to the Senate Appeals Committee

DECISION OF YOUR FACULTY OR ACADEMIC UNIT
Before appealing to the Senate Appeals Committee, you must have first appealed to the relevant academic unit and received a final decision.
The appeal is governed by the Procedure for an Appeal to the Senate Appeals Committee, which can be found here:

*IMPORTANT: Under NO circumstances will the Committee itself change a mark in any way or make a decision on the content of a student's answer to an exam question or of any other type of academic work.

Office of the Secretary-General

Tabaret Hall, 550 Cumberland Street, room 206 Ottawa, ON, K1N 6N5

Tel: 613-562-5800 | ext. 5950



check his/her university email account on a regular basis

APPEAL FILE

The appeal file consists of this form duly completed, a letter of appeal outlining the reasons for your appeal and the conclusions sought and all the documents relating to your appeal. The letter of appeal should be approximately one to two pages in length. The appeal file is completed by the comments of the Faculty and a brief reply from you, if applicable.

A) APPEAL FILE

BY CHECKING THE FOLLOWING BOXES, I CONFIRM THAT THESE ELEMENTS ARE PRESENT IN MY LETTER OF APPEAL:

THE REASONS WHY THE DECISION OF THE ACADEMIC UNIT SHOULD BE REVERSED OR CHANGED.

THE SOLUTIONS I AM SEEKING BY SUBMITTING THIS APPEAL.

B) RELATED DOCUMENTS

BY CHECKING THIS BOX, I CONFIRM THAT A COPY OF THE DECISION OF MY FACULTY OR ACADEMIC UNIT, MY LETTER OF APPEAL AND ALL DOCUMENTS SUPPORTING MY APPEAL (EG MEDICAL CERTIFICATES, ETC.) ARE ATTACHED TO THIS FORM. DO NOT RELY ON THE FACULTY TO SUBMIT DOCUMENTS REGARDING YOUR APPEAL.

Do not wait for the hearing to bring relevant information to the attention of the Committee. Your file must be complete and include all documents and information that you wish to bring to the attention of the Committee. The Committee reserves the right to refuse the filing of any documents or information once the appeal file is completed.

Please refer to the **Procedure for an Appeal to the Senate Appeals Committee** to inform you of next steps

PREFERENCE FOR THE SENATE APPEALS COMMITTEE MEETING

Once you have completed all the stages of an appeal, your case will be put on an agenda of the Senate Appeals Committee. The Committee usually meets every second Friday morning. You will be contacted to set a date and time for the hearing of your appeal.

Generally speaking, Committee meetings are held in person, but may exceptionally be held virtually. If the Student insists on being heard in the presence of the members, his meeting may be postponed to a later date to be determined by the Committee.

HOW WOULD YOU LIKE TO PARTICIPATE TO THE SENATE APPEALS COMMITTEE MEETING?

IN PERSON

BY TELEPHONE. Please indicate the phone number at which the Committee

BY VIDEOCONFERENCE

can reach you during the meeting:

I PREFER NOT TO ATTEND THE MEETING AND THAT MY CASE IS DEALT WITH IN MY ABSENCE, CONSIDERING MY WRITTEN SUBMISSIONS ONLY.

If you choose to appear before the Committee, please note that you may be accompanied by the person of your choice.

WILL YOU BE ACCOMPANIED AT THE MEETING BY A REPRESENTATIVE OF THE STUDENT RIGHTS CENTRE, A LAWYER OR A SUPPORT PERSON?

I WILL NOT BE ACCOMPANIED.

LWILL BE ACCOMPANIED BY A REPRESENTATIVE OF THE STUDENT RIGHTS CENTRE.PLEASE INDICATE THE NAME OF THE REPRESENTATIVE

I WILL BE ACCOMPANIED BY SOMEONE OTHER THAN A REPRESENTATIVE OF THE STUDENT RIGHTS CENTER PLEASE ENTER THE NAME OF THIS PERSON AND YOUR RELATIONSHIP, IF APPLICABLE:

I AM NOT IN A POSITION TO CONFIRM THIS AT THIS STAGE, BUT I WILL INFORM YOU IF I DECIDE TO BE ACCOMPANIED.

Please submit your appeal electronically to uosec.appels@uottawa.ca.

Contact information for the Office of the Secretary-General:

Office of the Secretary-General

Tabaret Hall 550 Cumberland Street, Room 206 Ottawa (Ontario) K1N 6N5 Tél.: (613) 562-5800, ext. 5950

Notice of Collection of Personal Information

In accordance with the Freedom of Information and Protection of Privacy Act of Ontario and with University Policy 90 - Access to Information and Protection of Privacy, the University of Ottawa collects personal information under the authority of the University of Ottawa Act, 1965. Your personal information collected on this form will be used for purposes of and those consistent with the following: ensuring the proper administration of your appeal to the Senate Appeals Committee and ensuring that we can communicate with you in proceeding with your appeal to the Senate Appeals Committee If you have any questions or concerns about the collection, use or disclosure of personal information collected on this form, you may contact the Governance Officer of the Senate Appeals Committee, by email at uosecapp@uottawa.ca or by telephone at 613-562-5950.

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^{*} You can contact the Student Rights Center to inquire about their services at the following email address: cde-src@uosu-seuo.com.