A request for a hearing must be made on the “Request for Appeal Form” to the Secretary of the Academic Council within 10 working days of receipt of the decision at the previous level.

**All communication to the learner (appellant) related to the appeal shall be sent to his/her NOSM email account unless otherwise specified in writing to the appropriate appeals body.**

|  |  |
| --- | --- |
| Name |  |
| Student ID # /Program |  |
| NOSM email account |  |
| Local Address |  |
|  |  |
| Telephone Number |  |
| Permanent Address |  |
| Cell phone number |  |
| Preferred email (if different from above) |  |

***Note Section 4.0 Polic****y Before pursuing an application for judicial review with respect to any decisions made under this Policy or under any other related policies and procedures approved by the NOSM Academic Council or its subcommittees (“internal processes”), a Learner must first exhaust all adequate alternative remedies available under the internal processes.*

An appeal to an AC may be made only after a decision subject to the appellate jurisdiction of the Committee Panel has been made and communicated to the Learner. A record of the appealed decision must be included in any appeal to an AC.

A written submission requesting a hearing by an AC must be made by completing all required sections of a “Request for Appeal Form” and submitted to the Chair of the Committee Panel c/o the Secretary of the Academic Council within 10 working days of receipt of the notice at the previous level.

Please provide all documentation that you submitted to and received from other appeal committees or bodies.

(2) Please check below the category of decision being appealed.

* **Promotion and/or withdrawal from the Program**

The Learner has formally requested a reappraisal of a decision made regarding promotion or withdrawal from the Program and is not accepting of the decision at the previous level.

* **Postgraduate Appeal**

The Learner has formally requested a reappraisal of a decision made by the Postgraduate Medical Education Committee (PGEC) and is not accepting the decision at the previous level.

* **Professionalism**

The Learner has formally requested a reappraisal of a decision made regarding Professionalism and is not accepting of the decision at the previous level.

1. Please copy here, or attach to this form, the text of the decision you are appealing

|  |
| --- |
|  |

1. Please identify the person or Committee whose decision or ruling is being appealed including the date of that last ruling:

|  |
| --- |
|  |

1. Please state briefly the form of redress that you are seeking through your appeal:

|  |
| --- |
|  |

1. Please check below the appropriate grounds for your appeal:

* there is evidence of a factual error or procedural irregularity in the previous level of decision-making; or
* that the previous body did not adhere to the principles of Natural Justice.

Please provide a brief, reasoned argument in support of each of the grounds that you are claiming for your appeal. (Copy below or attach to this form)

|  |
| --- |
|  |

1. Please summarize the evidence which you are prepared to offer in support of your grounds for appeal. You may attach any documents that you feel would support your appeal. (copy below or attach to this form)

|  |
| --- |
|  |
|  |

Appellants and Respondents shall have the right to the presence legal counsel during a hearing, but are responsible for presenting their own case to the AC, except to the extent otherwise determined by the Chair in accordance with the principles of Natural Justice. Appellants and Respondents are responsible for paying their own costs associated with any such representation or consultation. Also, the AC shall have the right to seek for the presence of legal counsel during the proceedings.

Please list below the individuals who you will be calling upon or who will be present during the appeal.

Check the appropriate column(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Witness | Support | Legal |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

🞎 I confirm that I have completed all previous decision and/or appeal levels prior to filing this Appeal and by submitting this appeal,

🞎 I acknowledge having read and understood the Northern Ontario School of Medicine Policy Regarding Academic Appeals and applicable procedures.

Printed Name:

Signature:

Date:

The Secretary of the Academic Council will contact the appellant within five (5) working days of reception of the appeal to confirm receipt of the appeal and provide hearing dates and additional information at that time.

RETURN completed form and ALL supporting documentation to:

Secretary to the Academic Council   
Northern Ontario School of Medicine  
935 Ramsey Lake Road, Sudbury ON P3E 2C6  
Telephone 705-662-7206  
Email: [governance@nosm.ca](mailto:governance@nosm.ca)