



# Senate Appeal Request Form

A request for a hearing must be made on the "Request Form" to the University Secretary. Please refer to the Senate Appeal Policy and Senate Appeal Committee Terms of Reference as well as any applicable program policy for specific timing and required documentation.

**All communication related to the appeal shall be sent to the NOSM University email account unless otherwise specified in writing to the appropriate appeals body.**

## CONTACT INFORMATION

NAME [FULL]		
PROGRAM/YEAR		
NOSM U EMAIL		
LOCAL ADDRESS		
TELEPHONE NUMBER	HOME	
	CELL	
OTHER EMAIL		
<b>Decision being appealed</b>	Date of Decision	

## NATURE OF APPEAL - I make application to request the appeal of an academic decision: [choose one of the following]

- 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.

## Grounds for Appeal

- The previous body did not have jurisdiction to make the decision that it did.
- The decision of the previous body is not supported by the evidence that was or should have been before the decision maker.; or
- The previous body did not adhere to the principles of Natural Justice.

## Documentation

The following documentation **must be appended** to this form:

1. A copy of the decision being appealed to the Senate Appeals Committee.
2. A statement in typed format succinctly setting out:
  - a. The outcome requested on the appeal:
  - b. The specific grounds on which the appeal is being made.

Please note that grounds for appeal are limited to the following as per section 3.1 of the Senate Appeals Policy and the specific grounds must be set out in the statement with reference to the relevant ground(s):

An appeal will be considered only where an Appellant is able to establish that the decision under appeal:

- a. was made without jurisdiction.
  - b. is not reasonably supported by the evidence that was or should have been before the decision maker; or
  - c. was made in a manner that did not adhere to the principles of Natural Justice.
- c. A summary of the evidence and submissions in support of the grounds. Please note:

If one of the grounds for appeal is that the previous body did not consider evidence that should reasonably have been before the decision maker (per Senate Appeals Policy section 3.1 (b)), the statement should include a succinct description of any such additional evidence. If you wish to obtain the permission of the Panel to have a witness provide evidence that should reasonably have been before the previous body, your statement should identify the witness(es), include a summary of what you anticipate they will say and an explanation of why you believe that it is necessary for the Panel to hear such evidence.

If the time limit for commencing the appeal has not been met, the reason that such time limit has been missed and whether there has been reasonable cause for delay as described in section 3.5 of the Senate Appeals Policy.

3. Documentary evidence to support your appeal (e.g., if the appeal is based on procedural irregularity, include the text of the relevant procedural regulations, if any, that were allegedly violated or are otherwise deemed applicable to the case).

Fill out the following if you have retained a lawyer or if someone else will be present with you:

Name:	Relationship:
Phone Number:	Email Address:

**Applicant's declaration**

I have read and understood the Senate Appeal Policy and Senate Appeal Committee Terms of Reference as well as any applicable program policy for NOSM University.

I certify that the documents I have submitted are authentic and that the statements I have made are true. I acknowledge that the submission of false documents or statements is a violation of the University's academic regulations.

I understand that other than material presented by me or the respondent and any relevant academic records, no other materials will be considered by the Committee/Panel in this appeal without leave of the Senate Appeals Committee/Panel Chair or on the consent of both parties. I also understand that the findings of the Senate Appeals Committee/Panel are final in this matter.

<b>Name (typed/signature)</b>	Dated
This form will not be processed unless it is signed and dated, and all information is submitted.	

Submit your completed Request for Appeal form together with supporting documentation to the Office of the University Secretary [governance@nosm.ca](mailto:governance@nosm.ca).