FORM INSTRUCTIONS

Please read this form in its entirety.

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.

**It is your responsibility to ensure that all information is current and accurate.** If your contact information including address will change at any time, please update your information with the office you submitted this form to. Failure to do so will result in delays and possible dismissal of file.

**PLEASE NOTICE OF COLLECTION OF PERSONAL INFORMATION**

*The information gathered on this form is collected under the authority of NOSM University Act 2022. Information is used only for the purposes of administering the Appeal Procedures and for statistical purposes. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student/learner. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). We always respect your privacy, and your information will be protected in accordance with the Freedom of information and Protection of Privacy Act. Direct any questions regarding this collection to the Planning and Risk Director, Grace Vita at (807) 766-7396, 955 Oliver Road, Thunder Bay, Ontario, or* [*gvita@nosm.ca*](mailto:gvita@nosm.ca)*.*

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| CONTACT INFORMATION | |
| NAME [FULL] |  |
| PROGRAM/YEAR |  |
| I AM A | MD Student  NODIP Learner  PGME Resident  Graduate Studies Student  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NOSM U EMAIL |  |
| LOCAL ADDRESS |  |
| TELEPHONE NUMBER | HOME |
|  | CELL |
| OTHER EMAIL |  |

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| **Section 1 - Decision Being Appealed** | | |
| Date: | | **Decision body:**  \*\*A copy of this notice or decision must be submitted with this form (Section 5). |
| **Section 2 - An appeal to the Senate Appeal Committee may only be made:**  **a. after a decision subject to the appellate jurisdiction of the SAC has been made and communicated to the Learner. and b. after all procedures at the previous level(s) have been exhausted** | | |
| Have you attempted to resolve the issue at the previous level, and have you exhausted all procedures at the previous level(s) as required in Section 3.2 of the Senate Appeal Policy?  **YES -** Proceed to Section 3.  **NO** - Please contact the previous level of the program (i.e. Student Assessment and Promotion Committee, PGME, NODIP, Graduate Studies etc.). | | |
| **Section 3 - NATURE OF APPEAL (Section 3.0 Senate Appeal Policy)** | | |
| 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. | |
| * **Section 4 - Appeal Statement - Grounds for Appeal** | | |
| Your appeal must be provided in a statement succinctly setting out, as specifically as possible, why this appeal should be considered, based on the grounds indicated below.  Select the applicable grounds and in your statement and explain how it (or they) relate to your situation.  You must state what actions you took to deal with situations that arose which you feel had a serious impact on your ability to meet your academic obligations. Provide specific dates and details of when you took such actions. (e.g., contacted your instructor, committee, submitted a health certificate, requested, or received some form of consideration, etc.)  You must also state what outcome (or “remedy”) you are seeking through this 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. | |
| **APPEAL STATEMENT: [ USE THIS FORM FOR YOUR STATEMENT]** | | |
| **Desired Outcome (or ‘remedy’):** [please state here] | | |
| * **Section 5 - Documents**   You must include all appeal documents from previous appeal, including decisions from the Program/SAPC (1).  All claims you make should be documented and copies of all documents supporting your appeal must be included in your submission. Failure to provide pertinent documentation may jeopardize your appeal. (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).  (Please list any documents you are including with your submission) | | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| 5. |  | |

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| Both the Appellant and the Respondent are entitled to the assistance of an advisor or any other person, including a legal representative, throughout the process. The cost of representation is born by the party and no costs will be awarded by the Panel against one party for representation of another party.  Fill out the following if someone else will be present with you: | |
| Name: | Relationship: |
| Name: | Relationship: |

**Declaration and Disclosure (please read carefully and sign)**

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 hearings can be in person or virtual.

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.

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| I do not require accommodations at this time.  I have an accommodations request: (please state the accommodation request) | |
| **Name (typed/signature)** | **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) .