Brock University

Office of the Registrar

500 Glenridge Ave.
St. Catharines ON L2S 3A1
T: 905.688.5550 x3249 F: 905-988-5488
www.brocku.ca/registrar

Notice of Appeal

NOTE: *Please ensure this form is filled out in entirety.*

INSTRUCTIONS

1. Mailed submissions should be addressed to:
   Senate Student Appeals Board
   c/o Diane Uppal, Associate Registrar,
   Academic Information and Protocol, MC A328
   Office of the Registrar, Brock University
   500 Glenridge Avenue, St. Catharines, Ontario L2S 3A1
2. Be sure to mark the envelope "Confidential"
3. Pay the appropriate fee as indicated on the Appeal Fee Form

For information on how to make payment, please contact Student Information at *bsi@brocku.ca* or visit the Office of the Registrar, 3rd Floor, Schmon Tower.

STUDENT INFORMATION

First Name:	**Brock Student ID Number:**
Last Name:	**Faculty/Program:**
Address:	**Telephone:**
City: **Province:**	**Cell Number:**
Postal Code:	**Email:** @brocku.ca

**All communication regarding your appeal will be sent to your Brock email address. It is your responsibility to check your Brock email. It is equally vital that you provide accurate mailing information, as this is where appeals documentation will be sent.*

APPEAL INFORMATION

Indicate the grounds for appeal for which you are applying:

☐ Compassionate ☐ Medical ☐ Course Management ☐ Procedural Error

Information on academic regulations and university policies regarding appeals can be found at:
brocku.ca/webcal/current/undergrad/areg.html

DESCRIPTION OF CIRCUMSTANCES

In an attached letter, describe the circumstances surrounding your appeal.

REQUESTED REMEDY/RELIEF

Indicate the remedy or relief that you are requesting.

STEPS TAKEN ON THIS MATTER

Record any steps that you have taken on this matter, including appeals made to the Instructor, Department Chair and Faculty Dean. Attach a copy of each decision related to this matter.

DOCUMENTATION

All forms, documents and decision letters from previous levels of appeal must be attached.

In the space provided, list (in ***chronological order of the events***) the documents that you have included to support your claim.

	Date	Document Type
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

ADVISOR INFORMATION **When hearings occur only*

You may have an advisor (University Ombuds, Faculty, Staff, or currently registered student) assist you with your appeal. Please refer to the Academic Regulations and University Policies section of the Undergraduate calendar for a list of who shall not participate in or contribute to a student's hearing.

Note: *The student is responsible for ensuring the availability of his/her advisor for the hearing and for notifying that person of the date, time and location of the hearing.*

Select one: ☐ I will not be accompanied by an advisor ☐ I will be accompanied by:

Name: _____

Relationship to you: _____

Protection of Privacy: The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the Associate Registrar, Academic Information and Protocol at Brock University in MCA 328, or at 905-688-5550, ext. 3249 or see www.brocku.ca/registrar.

SIGNATURE AND DECLARATION

I have read and understood the Senate Student Appeals Policies and Procedures of Brock University. I certify that the documents I have submitted are authentic and that the statements I have made are true, and I acknowledge that the submission of false documents or statements is a violation of the Brock University Academic Integrity Policy. I confirm that I have submitted all relevant information pertaining to this appeal.

I understand that the Senate Student Appeals Board will treat this information in a confidential manner. 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 Senate Student Appeals Board in this appeal without the consent of both parties.

I understand that the decision of the Senate Student Appeal Board is final in this matter.

SIGNATURE: _____ DATE: _____