

Appeal Form

- This form must be completed and delivered as soon as possible, but not later than thirty (30) calendar days from the date a final decision has been communicated in writing to the resident.
- The resident must provide and attach to this form a written statement outlining the information they wish to be considered by the Appeal Adjudication Board of the Standing Committee for Appeals, identifying the grounds for the appeal, and attaching any supporting documentation. (Clearly outline the rationale for each identified ground.)

Name:	Student Number: NSID:								
Address (Street, City, Postal Code):	Telephone: Email:								
Appeal related to: (<i>check where applicable</i>) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Rotational assessments* (<i>*Rotational assessments must first be appealed to the Program level</i>)</td> <td><input type="checkbox"/> Dismissal</td> </tr> <tr> <td><input type="checkbox"/> Deferral of promotion</td> <td><input type="checkbox"/> FITERs and STACERs</td> </tr> <tr> <td><input type="checkbox"/> Remediation</td> <td><input type="checkbox"/> Decision of Investigative Committee</td> </tr> <tr> <td><input type="checkbox"/> Probation</td> <td></td> </tr> </table>		<input type="checkbox"/> Rotational assessments* (<i>*Rotational assessments must first be appealed to the Program level</i>)	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Deferral of promotion	<input type="checkbox"/> FITERs and STACERs	<input type="checkbox"/> Remediation	<input type="checkbox"/> Decision of Investigative Committee	<input type="checkbox"/> Probation	
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<input type="checkbox"/> Probation									
Date final Program or Investigative Committee decision communicated in writing:									
Grounds for appeal (<i>check where applicable</i>):									
<input type="checkbox"/> alleged failure to follow procedural regulations of the relevant college or University dealing with assessment of students' academic work or performance or administrative decisions or alleged misapplication of regulations governing program or degree requirements									
<input type="checkbox"/> alleged differential treatment of the student as compared to the treatment of other students in the course or program, where the alleged differential treatment affected assessment of the student's academic work or performance									
<input type="checkbox"/> alleged discrimination or harassment, as set out in the University's Policy on Discrimination and Harassment Prevention and procedures for addressing issues of discrimination and harassment, where the alleged violation affected assessment of the student's academic work or performance									
<input type="checkbox"/> alleged failure to implement the approved policy and procedures of the University dealing with accommodation of students with disabilities, when the alleged failure affected assessment of the student's academic work or performance									
Supplementary / Supporting written documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Date:	Signature of Student:								
Instructions: To initiate an appeal, a student must deliver this form (with any supplementary / supporting written information attached) to: the Associate Dean, Postgraduate Medical Education, College of Medicine and a copy to the Program Director.									