To initiate an appeal, a resident must deliver this form (with any supporting written information attached) as soon as possible, but not later than thirty (30) days from the date a final decision has been communicated in writing to the resident, to:

* The Associate Dean, Postgraduate Medical Education, College of Medicine

Section 1: Resident Information

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| Name: |  |
| Program: |  |
| U of S email: |  |
| Address: |  |
| Telephone: |  |

Section 2: Decision Information

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| Decision being appealed: |  |
| Date when the decision was communicated in writing: | Click here to enter a date. |

Section 3: Grounds for the Appeal

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|  | Alleged failure to follow procedural regulations of the 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 |
|  | Alleged differential treatment of the resident as compared to the treatment of other residents in the course or program, where the alleged differential treatment affected assessment of the resident’s academic work or performance |
|  | Alleged discrimination or harassment, as set out in the PGME Guidelines and 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 resident’s academic work or performance |
|  | Alleged failure to implement the approved policy and procedures of the College or University dealing with accommodation of students with disabilities, when the alleged failure affected assessment of the resident’s academic work or performance |

Section 4: Supporting Documentation and Argument

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 PGME Standing Committee for Appeals, identifying the grounds for the appeal, rationale for each identified ground, and attaching any supporting documentation.

The resident must present his/her own appeal, but may have one support person or legal counsel present during the appeal.

|  |  |  |
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| Supporting documentation attached: |  |  |
| Support person *(name, title and email)*: |  | |

I have read and I understand the PGME Resident Appeal Policy and PGME Procedure for Conducting Resident Appeal.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

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| **Please send all documents and required information (via email, fax or mail) to the following location:**  Dr. Anurag Saxena  PGME Office, College of Medicine, University of Saskatchewan  Room 3A10.14, Health Sciences Building  Box 17 – 107 Wiggins Road, Saskatoon, SK S7N 5E5  Phone: 306-966-7649 Fax: 306-966-5224  Email: medicine.pgmedean@usask.ca (cc: maureen.lumbis@usask.ca) |