REQUEST FOR FORMAL APPEAL



Faculty of Kinesiology, Sport, and Recreation Student Services 3-134 University Hall, Van Vliet Complex Edmonton, Alberta, Canada T6G 2H9 Tel: 780-492-5604 Fax: 780-492-6548

TO BE COMPLETED BY THE STUDENT PRIOR TO THE INITIATION OF THE FORMAL APPEAL PROCEDURE

The Request for an Appeal must be received by the Chairperson of the Faculty of Kinesiology, Sport, and Recreation Appeals Board within ten (10) working days of deemed delivery of the written decision by the Associate Dean (Undergraduate Programs).

Nam	e:	Student ID#:	Email:	
Addr	ress:			
City:		Province:		Postal Code:
Phon	e:	_ Phone (alternate):		
1. Please accept this as my appe		al arising from the following Faculty decision:		
2.	My grounds for appeal are as be attached; <u>ALL</u> known grou	•		rting documentation may
3.	The following outlines the ini	tial procedures I und	ertook to resol	ve the issue(s) prior to
	submitting this Formal Appea	•		(/ 1

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4.	-	uesting that I be granted the following relief (if alternative forms of relief are l, list them in order of preference):
5.		peal hearing, I intend to: ll that are relevant at the time of submitting this request.)
		Be accompanied by an advisor. Name:
		Call a witness or witnesses to give evidence. How many?
		(Please attach list of names)
		Make an oral statement.
		Have my advisor make an oral statement.
		l have an opportunity to invite advisors or name different witnesses from those rovided reasonable notice is given.
		HERWISE AGREED TO BY THE APPEALS COMMITTEE, any and on in support of the appeal must be submitted with this Academic Appeal Form.
Date	ed:	Signature:
		Student
		Printed Name:Student
		Student