

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

4. I am requesting that I be granted the following relief (if alternative forms of relief are requested, list them in order of preference):

5. At my appeal hearing, I intend to:
(Check all 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.

The student will have an opportunity to invite advisors or name different witnesses from those named above provided reasonable notice is given.

UNLESS OTHERWISE AGREED TO BY THE APPEALS COMMITTEE, any and all documentation in support of the appeal must be submitted with this Academic Appeal Form.

Dated: _____

Signature: _____
Student

Printed Name: _____
Student