REQUEST FOR FORMAL PRACTICUM INTERVENTION 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 Appeals Board of the Faculty of Kinesiology, Sport, and Recreation within fifteen (15) working days of the deemed delivery of the written decision by the Associate Dean (Undergraduate Programs).

Name:	Student ID#:	UAlberta Email:
Address:		
City:		Postal Code:
Phone:	Phone (alternate):	
Course:	Term:	
Degree Program:		

1. Please accept this as my appeal arising from the following Practicum Intervention decision (indicate whether the practicum intervention appeal includes any conditions imposed and, if applicable, any adverse effect to academic standing resulting from the Intervention):

2. The following outlines the relevant information and details, including the timeline involved (additional pages may be attached):

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3. My grounds for appeal are as follows (additional pages or supporting documentation may be attached; <u>ALL</u> known grounds must be listed and explained):

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

 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 Practicum Intervention Appeal Form.

Dated:

Signature:

Printed Name:

Student

Student

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33 (c) of the <u>Alberta Freedom</u> <u>of Information and Protection of Privacy Act</u> and will be protected under Part 2 of that Act. It will be used for the purpose of program administration by the Faculty of Kinesiology, Sport, and Recreation. Direct any questions about this collection to: UAlberta, Faculty of Kinesiology, Sport, and Recreation, FOIP Advisor, 3-107 University Hall, Van Vliet Complex, Edmonton, AB 780-492-0720.