

FORM C

**APPLICATION FOR A HEARING BEFORE THE SENATE ACADEMIC APPEALS
COMMITTEE, LAKEHEAD UNIVERSITY**

PLEASE PRINT

For assistance in completing this form, please consult the Director of Risk Management and Access to Information or the Ombudsperson.

Name:

Student I.D. Number:

Local Address:

Telephone Number:

Permanent Address:

Telephone Number:

(1) I confirm that I have completed all previous Levels of Appeal.

Signature _____

Date _____

(2) Please check below the category of decision being appealed.

Final Course Mark

Academic Decision Other Than a Final Course Mark

(3) Please copy here, or attach to this form, the text of the decision you are appealing:

(4) Please identify the Person or Committee whose decision or ruling is being appealed:

(5) Please state briefly the form of redress that you are seeking through your appeal:

(6) Please check below the appropriate grounds for your appeal (may be one or more):

evidence of a factual error or procedural irregularity in the consideration of the appeal at a previous level of appeal;

evidence that the student was denied Natural Justice at a previous level of appeal;

new evidence which may be, on a reasonable interpretation, material to resolution of the appeal;

evidence that a decision reached at a previous level of appeal is unreasonable.

(7) Please provide a brief, reasoned argument in support of each of the grounds that you are claiming for your appeal (in total no more than 2 pages).

(8) Please summarize the evidence which you are prepared to offer in support of your grounds for appeal. You may attach any documents that you feel would support your appeal.

(9) Do you intend to call witnesses? Yes / No

If yes, please provide below the names of these witnesses.

(10) You have the right to be accompanied at the Hearing by a person of your choosing who may act only as an observer. If you will be so accompanied please identify the observer:

(11) You also have the right to be represented by another person, who may be counsel. If you will be so represented, please provide the following related to that person:

Name:

Address:

Telephone Number:

RETURN completed form to:

Chair, Senate Academic Appeal Committee
c/o Director of Risk Management and Access to Information

ATAC 4009
Lakehead University
THUNDER BAY, ON P7B 5E1

Email: mshaw1@lakeheadu.ca

Personal information on this form is collected pursuant to section 14 of the Lakehead University Act and will be used to process a request for appeal to the Senate Academic Appeals Committee. Any questions on this collection should be directed to the Director of Risk Management and Access to Information, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1; telephone: (807) 343-8518