# Lakehead University Corporate Identity, 955 Oliver Raod, Thunder Bay, ON, Canada, P7B 5E1, lakeheadu.ca

Senate Academic Appeals Committee

ATAC 4009

t: (807) 343-8010, ext. 8518

f: (807) 346-7735

e: student.appeals@lakeheadu.ca

**CONFIDENTIAL**

**TO: CHAIR OF THE SENATE ACADEMIC APPEALS**

**COMMITTEE (“SAAC”) of LAKEHEAD UNIVERSITY**

**FORM C**

|  |
| --- |
| **APPLICATION FOR A HEARING BEFORE THE SAAC** |

**PLEASE COMPLETE ELECTRONICALLY OR PRINT MANUALLY**

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

|  |  |
| --- | --- |
| **PERSONAL INFORMATION** | |
| Name: |  |
| Student I.D. Number: |  |
| Lakehead University Email Address: |  |
| Telephone Number: |  |
| Degree Program (Including, Where Applicable, Major/Specialization): |  |
| University Campus (Thunder Bay or Orillia): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPEAL INFORMATION** | | | | | |
| (1) I confirm that I have completed all previous Levels of Appeal.  **Signature** (may be electronic)**:**  **Date:** | | | | | |
|  | |  | | | |
| (2) Please put a check mark (✓) or “X” beside 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 Instructor(s) or original Decision Maker(s) whose decision or ruling you are appealing: | | | | | |
| (5) Please state briefly the form of redress that you are seeking through your appeal: | | | | | |
| (6) Please put a check mark (✓) or “X” beside the 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? Place check mark (✓) or “X” under the right answer (“Yes” or “No”) | | | 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: |  | | | | |
| * Law Firm (if applicable): |  | | | | |
| * Email Address: |  | | | | |
| * Telephone Number: |  | | | | |

PLEASE EMAIL THIS COMPLETED FORM C BY YOUR LAKEHEAD UNIVERSITY ACCOUNT TO: student.appeals@lakeheadu.ca

Personal information on this form is collected pursuant to section 14 of *The Lakehead University Act, 1965* and will be used to process a request for appeal to the SAAC. 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) 343-8010, ext. 8518.