



Senate Appeal Form

Student Information

Student Number	Last Name/Family Name	Given Name(s)
Telephone	E-mail	Home Faculty

Are you graduating this year? No Yes If yes, select one: June October

Faculty decision being appealed (e.g., denial of late withdrawal, penalty for breach of academic honesty, waiver)

Date of Faculty decision being appealed: _____ Faculty issuing decision, if not home Faculty

Course(s) (if applicable). Please include complete course number(s); session; term; section and number of credits

Outcome requested: (e.g. removal of course from transcript, reinstatement, alternate penalty for breach of academic honesty.

If a hearing is held I will attend Yes No

Grounds for appeal (See SAC Procedures for details):

1. Faculty committee had no jurisdiction
2. Denial of natural justice
3. Inconsistent application of relevant regulations
4. New Evidence- please specify below

Letter of appeal (mandatory) giving details of appeal grounds and specific outcome you are seeking [e.g., late withdrawal, waiver of debarment. Letters should address the reasons that the Faculty gave for denial.

Documents to be submitted with petition	Included	Not Applicable	Office Use
SAC Appeal Letter (mandatory)			
SAC Appeal Form(mandatory)			
New Evidence (Please specify)			
1.			
2.			
3.			
Attending Physician's Statement (original only)			
Counsellor Statement			

PLEASE NOTE: Do NOT submit material from your petition or appeal to your Faculty. The Senate Appeals Committee will obtain this.

SUBMISSION INFORMATION/DEADLINE

This Notice of Appeal must be filed with the Committee no later than 5:00 pm on the 30th day after receipt of the decision being appealed; if the University is not open, the deadline is the next regular business day of the University at 5:00 pm. This Notice and appeal document may be submitted by e-mail to appeals@yorku.ca or at the University Secretariat, 1050 Kaneff Tower, Keele Campus. If new evidence is submitted, the originals must be made available to the committee on request.

I declare that the information on this form and all statements in the attached petition letter and supporting documentation are true, complete and accurate. I understand that any misrepresentation of this information may lead to a charge of breach of academic honesty. I consent to the disclosure by York University of personal information including the information I have given on this form and the associated supporting documentation to members of the Senate Appeals Committee and relevant administrative staff.

Student's Signature	Date (dd/mm/yy)
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Protection of Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965*. The information will be used to process and adjudicate your petition or appeal, and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Secretary, Senate Appeals Committee via email at appeals@yorku.ca.

Office Use Only Date Received: _____

Initials: _____