SENATE COMMITTEE ON APPEALS
NOTICE OF APPEAL

For more information on completing this form, please refer to the University Secretary’s website at http://web.uvic.ca/univsec/, where you will also find the Committee’s Terms of Reference and Procedural Guidelines.

To: Chair, Senate Committee on Appeals
c/o University Secretary
University of Victoria
PO Box 1700 STN CSC, Administrative Services Building A138
3800 Finnerty Road (Ring Road)
Victoria, BC V8W 2Y2 Fax: (250) 721-6223

Name of Appellant: ___________________________________________________________

Student Number: ____________________________________________________________

Mailing Address: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Email: ________________________________________________________________

Phone: ________________________________________________________________

Degree/Program: __________________________________________________________
And Year of Studies: ________________________________________________________

Decision Being Appealed: _________________________________________________
                                                                                   ___________________________________________________________________
                                                                                   ___________________________________________________________________
                                                                                   ___________________________________________________________________

Name of Respondent: _______________________________________________________

Please confirm that you have exhausted all lower avenues of appeal: Yes __________

Date of Decision Being Appealed: ____________________________

(A Notice of Appeal must be filed within two (2) months of the date of the final decision, action or treatment that is being appealed. In exceptional circumstances the Chair may consider an extension of the time limit. If filing beyond the 2-month deadline, please attach a separate page outlining your exceptional reasons for the delay.)
Please attach the following documentation to the Notice of Appeal. Please check off each item that is attached:

(    ) a copy of the final decision* that you are appealing if it was provided to you in writing;

(    ) a summary of the background to the appeal including details of any previous reviews, appeals or remedies that have been pursued and exhausted;

(    ) a summary of the reasons and grounds for the appeal;

(    ) a statement of the remedy or relief sought;

(    ) any provision, regulation or policy on which you rely;

(    ) any key documents and a list of those documents that are relevant to your appeal;

(    ) a list of key documents that you believe are in the possession of the Respondent and request from the Respondent, and the reasons why the documents are necessary.

* The Committee has no jurisdiction to consider a decision where the sole question in the student’s appeal turns on a question of academic judgment.

Unless a Hearing Panel determines otherwise at the Pre-Hearing Conference, all hearings will proceed solely on written materials. At the pre-hearing conference the Chair and the Hearing Panel will explore with the Parties and decide whether in the circumstances of the appeal, an in-person hearing is necessary. Please indicate at this stage whether you prefer a hearing based on written materials or you would like the Hearing Panel to consider an in-person hearing. Please check only one of the following:

Yes ________ I am satisfied with an appeal based solely on written materials.

Yes ________ I would like the Hearing Panel to explore the possibility of an in-person hearing at the Pre-Hearing Conference.

Please indicate if you will be represented by an advocate or legal counsel and the name of that person:

______________________________________________________________

1. In submitting this Notice of Appeal, I understand that the Senate Committee on Appeals, through the University Secretary, may obtain a copy of my academic record.

2. I understand that this Notice of Appeal will be provided to the Chair of the Senate Committee on Appeals and if the Chair determines that my appeal is within the jurisdiction of the Committee it will be provided to the Respondent and members of a Hearing Panel.

3. I certify that the information provided in this Notice of Appeal is true and complete to the best of my knowledge.

Signature: ___________________________ Date: ___________________________

The University of Victoria collects the personal information on this form pursuant to the University Act, RSBC 1996, c.468 and section 27 (1)(c) of the Freedom of Information and Protection of Privacy Act and the Senate Committee on Appeal’s Terms of Reference and Procedural Guidelines. The information is collected by the Senate Committee on Appeals for the purpose of determining whether your appeal is within the Committee’s jurisdiction, to establish a hearing if necessary, and to communicate with you regarding your appeal. The information will remain confidential to the Committee, the Respondent and Senate. If you have any questions about this collection, contact the University Secretary.