



**GRADUATE STUDIES COMMITTEE OF ACADEMIC COUNCIL**

**NOTICE OF ACADEMIC APPEAL**

LAST NAME:		
FIRST NAME:	INITIAL:	STUDENT ID NUMBER:
FACULTY:	PROGRAM:	
STREET ADDRESS:		
CITY:	PROV:	POSTAL CODE:
DAYTIME TELEPHONE NUMBER:	EMAIL:	
DECISION BEING APPEALED:		DATE OF DECISION:
GROUNDS FOR ACADEMIC APPEAL:		

**DOCUMENTATION:**

Appeals to the Graduate Academic Appeals Committee must include the following documentation in the submission:

1. A copy of the letter that contains decision being appealed;
2. A statement, in typed format setting out:
  - (i) The form of remedy being sought;
  - (ii) The specific grounds on which the appeal is being made (Please note that grounds for appeal to the Graduate Academic Appeals Committee must be made on the basis of a procedural irregularity, or on the basis of new evidence that was not considered at the Faculty level through no fault of the appellant);
  - (iii) A summary of the evidence in support of these grounds;
3. Documentary evidence to support the appeal (i.e., if the appeal is based on procedural irregularity, include the text of the relevant procedural regulations (if any) allegedly violated or otherwise deemed applicable to the case).

Notice of Academic Appeal to the Graduate Academic Appeals Committee

---

If the appeal proceeds to hearing, please indicate whether you would elect to have it heard orally or in writing:

I WOULD LIKE AN ORAL HEARING

I WOULD NOT LIKE AN ORAL HEARING

Please fill out the following if you have retained a lawyer or if someone else will be representing you at the appeal.

NAME OF ADVOCATE: \_\_\_\_\_

ADVOCATE'S RELATIONSHIP TO APPELLANT: \_\_\_\_\_

ADVOCATE'S TELEPHONE NUMBER: \_\_\_\_\_

I have read and understood Section 4 of the Graduate Academic Calendar and the Graduate Academic Appeals Committee Procedures for the University of Ontario Institute of Technology. I certify that the documents I have submitted are authentic and that the statements I have made are true. I acknowledge that the submission of false documents or statements is a violation of the University's Academic Regulations.

I understand that, other than material presented by me or the respondent and any relevant academic records, no other materials will be considered by the Graduate Academic Appeals Committee Panel in this appeal without the consent of both parties.

I understand that the findings of the Graduate Academic Appeals Committee Panel are final in this matter.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

-----  
This form and all supporting documentation must be filed in person within 10 working days of the date of the decision being appealed to:

**GRADUATE ACADEMIC APPEALS COMMITTEE**  
**C/O OLIVIA PETRIE, SECRETARY OF ACADEMIC COUNCIL**  
**ERC3032, 2000 SIMCOE STREET, NORTH**  
**OSHAWA, ONTARIO L1H 7K4**  
**(905) 721-8668 EXT. 5465**  
**EMAIL: [olivia.petrie@uoit.ca](mailto:olivia.petrie@uoit.ca)**

---

*The personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act (2002), and will be used to administer the academic appeals process at UOIT. Questions about this collection should be directed to the Secretary of Academic Council, UOIT, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, (905) 721-3111, ext. 5465.*