

SENATE REVIEW BOARD ACADEMIC  
(SRBA)

APPLICATION FOR HEARING

An Application for Hearing **will not be accepted** by the University Secretariat unless the application is complete and submitted within the time limit for filing an appeal. (A description of a complete Application and the deadlines for appealing to SRBA are set out on p.2.)

(Type or print legibly)

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ PERMANENT ADDRESS: \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

I can be contacted by electronic mail at the following E-Mail address: \_\_\_\_\_

I request that all correspondence be sent to my: local address ( ) permanent address ( ) email address ( )

***It is the Student's responsibility to notify the University Secretariat immediately of any change to the above information.***

I hereby request a Hearing before the Senate Review Board Academic regarding a decision by:

Dean (or designate) \_\_\_\_\_ Faculty/College \_\_\_\_\_

***The grounds for this appeal are: (check all that apply)***

1. \_\_\_ The appeal is against a finding that my conduct amounted to a scholastic offence.
2. \_\_\_ The appeal is for relief against the penalty imposed by the Dean as a result of a scholastic offence.
3. \_\_\_ There has been a failure to follow, or to properly apply, a Senate regulation.
4. \_\_\_ The Dean's decision requires me to withdraw from a program, from the University, or from an Affiliated University College.
5. \_\_\_ The appeal is against general marking or grading practices.
6. \_\_\_ The appeal is against a decision made with respect to the Policy on Academic Accommodations for Students with Disabilities.
7. \_\_\_ There was a failure to observe a procedural requirement at the prior level.
8. \_\_\_ There was bias at the prior level.

**DETAILS OF THE APPEAL: Do not leave blank. Attach additional pages as needed.**

*Describe the matter under appeal. State your reason(s) for challenging the Dean's decision. (If you checked #3 above, you must set out both the Senate regulation and the alleged error, and explain how this error affected your academic performance.)*

**RELIEF REQUESTED: Do not leave blank.**

**LEGAL COUNSEL OR AGENT**

If you have retained legal counsel or an agent, please complete the following: (check one) Legal Counsel ( ) Agent ( )

Name: \_\_\_\_\_ Name of Firm (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DOCUMENTATION AND DEADLINES**

The complete Application for Hearing must be received in the University Secretariat **within six weeks\*** of the date of the Dean's written decision that is under appeal. A complete application will include the following: details of the appeal, which must include a description of the matter under appeal and the reasons for challenging the Dean's decision; the requested relief; a copy of the Dean's decision; a copy of the student's letter or application to the Dean requesting relief, if applicable; and, all relevant supporting documentation. An incomplete Application for Hearing will not be accepted by the University Secretariat. *Do not bind the documentation (i.e., spiral coil, comb binding, etc.)*

\* An appeal against a Dean's decision made under the Policy on *Academic Accommodation for Students with Disabilities* must be submitted within two weeks of the date of the Dean's decision.

**HEARINGS**

Appeals are heard by SRBA panels. A complete list of the current members of SRBA is available from the University Secretariat.

If your appeal relates to a scholastic offence (#1 or #2 on page 1), your appeal will proceed to an oral hearing. In all other cases an SRBA panel will first review your appeal and decide if it will proceed to an oral hearing.

**WITNESSES**

If there is an oral hearing of this appeal you are responsible for ensuring the availability of your witness(es) at the scheduled time, and for notifying your witness(es) of the date, time and location of the hearing.

**SENATE REGULATIONS**

Full information on SRBA's jurisdiction, its rules relating to evidence, and its hearing procedures are set out in the section "**Appeals to SRBA**" in the **Undergraduate Student Academic Appeals Policy** and the **Graduate Student Academic Appeals Policy**.

Undergraduate Student Appeals: <http://www.uwo.ca/univsec/handbook/appeals/appealsundergrad.pdf>

Graduate Student Academic Appeals: <http://www.uwo.ca/univsec/handbook/appeals/appealsgrad.pdf>

**SIGNATURE**

I confirm that I have followed the appeal process outlined in the academic regulations applicable to my appeal. I hereby authorize the University Secretariat to obtain an official copy of my academic record from the Office of the Registrar.

\_\_\_\_\_  
Appellant's Signature

\_\_\_\_\_  
Date

Submit your complete Application for Hearing to:  
  
University Secretariat  
4101 Stevenson Hall  
Western University  
London, Ontario N6A 5B8  
  
For more information, contact the University Secretariat at  
(519) 661-2055 or [toudeker@uwo.ca](mailto:toudeker@uwo.ca)