

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 are on p.2 of this document.)

(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 appellant'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 ground(s) for this appeal are: ***(check all of the following 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.

Briefly describe the matter under appeal. State your reason(s) for challenging the Dean's decision. (In the case of Item 3 above, you must set out both the Senate regulation and the alleged error, as well as explain how this error affected your academic performance.)

RELIEF REQUESTED: Do not leave blank

LEGAL COUNSEL OR AGENT

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

Name: _____ Name of Firm (if applicable): _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

WITNESSES

If you intend to call a witness(es) at the hearing, provide the name of each witness and briefly indicate the role of the witness in these proceedings, e.g., doctor, roommate, parent, etc.

Witness Name: _____ Role: _____

Witness Name: _____ Role: _____

Witness Name: _____ Role: _____

NOTE: You are responsible for ensuring the availability of your witness(es) for the hearing at the scheduled time, and for notifying the witness(es) of the date, time and location of the hearing. (The Faculty will be requested to submit the names of its witnesses also, and the names will be provided to you prior to the hearing.)

DOCUMENTATION

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 with respect to the *Policy on Academic Accommodations for Students with Disabilities* must be submitted within two weeks of the date of the Dean's decision that is under appeal.**

The members of SRBA serving at a particular hearing are drawn from a list of members appointed by Senate which is available from the University Secretariat. Prior to the date of the hearing, the SRBA Administrator will provide the members of SRBA serving on the hearing panel and the parties to the hearing (appellant and Dean) with copies of all documentation that the parties intend to present at the hearing, together with a copy of the appellant's official transcript of academic record (obtained by the University Secretariat from the Office of the Registrar).

NOTE: Depending on the nature of the appeal, any or all information regarding the appellant's academic record at Western, as well as academic information from post-secondary institutions and/or secondary schools attended by the appellant, may form part of the evidence submitted by the Dean.

REGULATIONS

Undergraduate Student Appeals: http://www.uwo.ca/univsec/pdf/academic_policies/appeals/appealsundergrad.pdf

Graduate Student Academic Appeals: http://www.uwo.ca/univsec/pdf/academic_policies/appeals/appealsgrad.pdf

SIGNATURE

I confirm that I have followed the process outlined in the 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
The University of Western Ontario
London, Ontario N6A 5B8

For more information, contact the University Secretariat at (519) 661-2055 or tmorriss@uwo.ca