

Request for an Appeal Hearing with the Senate Committee for Student Appeals

	Students may basis of allege	• •	he Final Grade Appeal Commit he process of the Final Grade A	-		
	APPEAL OF THE STUDENT ACADEMIC MISCONDUCT DETERMINATION Students may appeal determinations as to the validity of a complaint and/or the determination of penalty, as stipulated in the Student Academic Misconduct Policy (70).					
	APPEAL OF THE SUSPENSION OR EXPULSION DETERMINATION Students may appeal determinations of a suspension or expulsion, as stipulated in the Safe Student Learning Community Policy (204).					
dete	• •	pension or expulsion de	opeal process, Student Academ etermination, please file the ap			
Date	1	·				
Nam	e of Student					
Stud	ent Number					
Add	ress					
Hom	e Phone	Wo	ork Phone			
Cell	Phone	UFV Email	@student.ufv.ca			
Sign	ature					

A.	In the	In the case of an appeal of the Final Grade Appeal process, please give the reason you				
	believe the decision in your case was affected by bias and/or unfair process.					
В.	In the	case of an appeal of a Student Academic Misconduct determination, please give				
	the reason you are appealing the determination as to the validity of the complaint					
	and/or the determination of penalty.					
C.	In the	case of an appeal of a suspension or expulsion determination, please select the				
	reason	s) for your appeal:				
	1.	\square The decision in your case was affected by procedural unfairness or bias in the				
		investigative process that is material to the decision;				
	2.	$oxedsymbol{\square}$ new information has become available that was not available at the time of				
		the initial investigation and this information could reasonably alter the final				
		decision; and/or				
	3.	\square you are able to demonstrate that the final decision is excessive, unreasonable				
		or unfair.				
Bri	efly sun	nmarize the arguments and evidence which you will present to the Appeal				
Hea	aring, e	nsuring that they support your claim, and attach supporting documents. Note: as				
the	docum	nents from the original case will be provided to the committee, you do not need				
to ı	re-attac	ch that information.				
Ple	ase be	as specific as possible.				

*	Will you call w	itnesses at the Appeal Hearing?		
	l Yes	□ No		
If 'Yes' please list all witnesses you will call at the Appeal Hearing, including addresses, telephone numbers, and email addresses (if available). Attach a brief summary of the evidence each will present.				
1.	Name			
	Address			
	Telephone	Email		
2.	Name			
	Address			
	Telephone	Email		
3.	Name			
	Address			
	Telephone	Email		
4.	Name			
	Address			
	Telephone	Email		

5.	Name				
	Address				
	Telephone	Email			
*	Will you be usi	ng a certified translator or interpreter at the Appeal Hearing?			
	□ Yes	□ No			
	If 'Yes', please	note proof of certification will be required.			
*	Will you have a	a support person at the Appeal Hearing?			
	□ Yes	□ No			
	If 'Yes' please	complete the following:			
	Name				
	Address				
	Telephone	Email			
NOTE					
Yo	ur support pers	on cannot be a witness and cannot speak on your behalf. Legal council is			
no	t permitted.				
ha	Please remember that no additional arguments or evidence may be added after the Hearing has begun and all evidence must be available to all parties for a reasonable length of time before the Hearing.				
Th	The decision of the Senate Committee for Student Appeals is final.				
If y	If you also want the decision sent by UFV email, please include your UFV student email				
ad	dress here:				