**Student Appeal**

*(This form must be completed in full and submitted with your statement)*

**1. APPELLANT**

 Name:

 Address:

 Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Graduate**

 **Undergraduate**

 **Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. GROUNDS FOR APPEAL**

 Provide a concise statement of the grounds of the appeal as outlined in Article 42 (a) of the Code of Student Conduct and Disciplinary Procedures or Article 6.3 of the Code of Student Grievance Procedures.

**3. RESPONDENT**

 The University is the Respondent. List the name or names of the member(s) of the University occupying a position of authority to you as a student in a University-related matter who is alleged to have infringed a right accorded to you under the *Charter of Student Rights*.

**4. REDRESS**

 Describe the redress you seek should you be granted leave to appeal.

**5. ADVISOR**

 You have a right to be assisted by an advisor who is a member of the University community. Your advisor may accompany you to any hearing.

 I will not be assisted by an advisor

 I will be assisted by an advisor. My advisor is:

 The Secretariat communicates with either the Appellant or his/her advisor. Please indicate which:

* Appellant

 Advisor

 Name:

 Address:

 Tel: Email:

**6. COMMUNICATION**

Correspondence and dissemination of documents relating to your case may be by email (if size of submissions permit). Please indicate whether you accept:

 Accept

 Decline

*Should you wish to submit by hardcopy, five (5) copies plus an original of all documents must be provided to the Secretary. Please add one extra set for each additional respondent, if there are multiple respondents.*

I hereby lodge an appeal in accordance with the Code of Student Conduct Disciplinary Procedures or the Code of Student Grievance Procedures*.*

*Signature of student Date*

**Please submit the original of this form along with a detailed statement of your appeal to:**

 **Ms Bonnie Borenstein**

**Secretary, Senate Committee on Student Grievances**

 **Secretariat**

 **James Administration Building**

 **845 Sherbrooke Street West, Room 313**

 **Montreal H3A 2T5**

 **Telephone: (514) 398-1568**

 **Email: bonnie.borenstein@mcgill.ca**

*For office use only*

 Date sent to the Chair of the Committee:

 Date sent to the Respondent: