



**THE SENATE BOARD FOR STUDENT APPEALS**

**CONTACT INFORMATION FORM**

(for internal administrative use only)

This Form **must** be completed and attached to the appeal Forms (A, B, or C) submitted.

Forms **must** be submitted to the appropriate office (see the [Student Appeals website](#) for information on where to submit the forms. **DO NOT EMAIL THE FORMS.**

**Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Program & Level/Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number Street

\_\_\_\_\_ City Province Postal Code

**Primary Phone #:** \_\_\_\_\_ **Secondary Phone #:** \_\_\_\_\_

**McMaster E-mail:** \_\_\_\_\_

**PLEASE NOTE:** It is your responsibility to ensure that all contact information is current and accurate. If your address will change at the end of Term please update your information with the office you submitted this form to. Failure to do so will result in delays and possible dismissal of file.

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976*. The information is used only for the purposes of administering the Student Appeal Procedures and for statistical purposes. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, McMaster University.

\_\_\_\_\_  
**Signature** **Date**

THE SENATE BOARD FOR STUDENT APPEALS  
McMASTER UNIVERSITY

## Form C (Appeal)\*

### *Application for Hearing before the Senate Board for Student Appeals.*

\* Please refer to the Notice of Collection of Personal Information on the Contact Information Form.

For additional information please visit the [Student Appeals](#) resource page. **DO NOT EMAIL FORMS.**

Name: \_\_\_\_\_

McMaster E-mail: \_\_\_\_\_

1) Is the Contact Information Form attached?

YES

NO (if the answer is no you may not submit this form)

2) Is a copy of the decision being appealed attached?

YES

NO (if the answer is no you may not submit this form)

3) Person or Committee whose decision is being appealed.

4) Have you attached copies of any documents that you want to submit as evidence in support of your appeal? (Please do not staple the attachments)

YES

NO

**5) In certain circumstances, the Chair of the Appeal Tribunal may decide to conduct the hearing of your appeal in closed session. Are any of the details of your appeal of a sufficiently confidential nature to make a closed hearing desirable?**

Hearings are normally open to the public, but any party to the appeal may request a closed hearing. The possible disclosure of certain matters may indicate the need for a closed hearing, such as matters of public security, intimate financial or personal details, or other matters that may have a substantially adverse effect on the interests of any person or on the public interest.

**NO**                      **YES** (explain below)

**6) Do you intend to call any witnesses?**

**NO**

**YES** (List witnesses below. If this space is insufficient, additional pages may be added.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Please note:**

- You are responsible for contacting your witnesses and making all arrangements for them to attend the hearing.
- A **“will say” statement MUST be included for each witness listed below.** A 'will say' statement is a brief statement, written and submitted by the Appellant summarising the material facts which they believe the witness will give as testimony during a hearing.

**7) Will you be accompanied by an advisor (i.e. a friend or relative) or represented by legal counsel?**

(Select one of the options below)

Will not be accompanied/represented

Represented by Legal Counsel (complete the Counsel/Advisor Contact Form)

Accompanied by an Advisor (complete the Counsel/Advisor Contact Form)

**8) Please state *briefly* your grievance or allegation of injustice (i.e. the reason you are appealing).**

**9) What relief do you seek (i.e. what do you want the Board to do for you)?**

(If this space is insufficient, additional pages may be added.)

**10) You are required to submit a written statement describing the grounds for your appeal.**  
(If this space is insufficient, additional pages may be added.)