

THE SENATE BOARD FOR STUDENT APPEALS
McMASTER UNIVERSITY

**LEGAL COUNSEL OR ADVISOR
CONTACT INFORMATION FORM**

Please complete the appropriate section of the form and submit it with your Form C.

Legal Counsel Contact Information

Name: _____

Firm Name: _____

Address: _____

Number Street

_____ City Province Postal Code

Phone: _____

E-mail: _____

Advisor Contact Information

Name: _____

Address: _____

Number Street

_____ City Province Postal Code

Phone: _____

E-mail: _____