



Date & Initial:
E-M ail Address:
TO: The Subcommittee on Academic Appeals of the University of Toronto Scarborough, 1265 Military Trail, Scarborough, ON, MIC 1A4
NAME OF APPELLANT
NAME OF APPELLANT STUDENT NOTELEPHONE
ADDRESSNATURE OF APPEAL
Please state clearly, in the space provided below, the nature and grounds of your appeal to the Subcommittee on Academic Appeals (the "Subcommittee") and of the decision from which you are appealing. Please include a copy of the statement or letter which informed you that your original petition had been denied. Please attach the details of your appeal and all supporting documents.
APPEAL STATEMENT (If needed, please us the other side of this form or include any additional pages)
Meetings of the Subcommittee dealing with individual appeals are normally held in closed session.
Do you wish to be present to make representations before the Subcommittee at the hearing of your appeal: YES_NO
YESWITH AGENT/LEGAL COUNSEL (NAME)
NO
SIGNATURE OF APPELLANTDATE
In the event that the Appellant fails to attend at the appointed time, the Subcommittee will proceed in his/her absence.

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