



**UNIVERSITY DISCIPLINE COMMITTEE - APPEAL FORM**

Return completed form to the Office of the University Secretary, 312 Administration Bldg.

**NAME:** \_\_\_\_\_ **U OF M STUDENT NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
Street City/Prov. Postal Code

**TELEPHONE:** \_\_\_\_\_  
Home Business Fax

**FACULTY/SCHOOL:** \_\_\_\_\_

Will you be accompanied by a spokesperson? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Will this spokesperson be legal counsel? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**NAME OF SPOKESPERSON:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
Street City/Prov. Postal Code

**TELEPHONE:** \_\_\_\_\_  
Home Business Fax

Hearings shall be closed unless the student concerned requests in writing at least 48 hours prior to the proceeding, that the hearing be open. If the hearing is open, reasonable seating for spectators shall be provided, but spectators may not participate in the proceeding.

**Please indicate Disciplinary Authority:** \_\_\_\_\_

**Please state what you are appealing:** \_\_\_\_\_

**Findings:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_ **Both:** \_\_\_\_\_

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

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