

Student Services

62 York Street, Sackville, New Brunswick, Canada E4L 1E2

Phone (506)364-2269, Fax (506)364-2272

www.mta.ca/administration/sas/forms.html

Email: registrar@mta.ca

## ~~Re-admissions Appeal Form~~

Students whose appeal of placement on Academic Suspension or Dismissal was unsuccessful, have the right to appeal the decision of the Admissions and Re-admissions Committee, as per calendar regulation 6.12.8.

The Re-admissions Appeal form, along with any **new** information or supporting documentation, must reach the Office of Student Services, addressed to the attention of Dr. Mark Blagrove, Chair of the Readmissions Appeals Committee, 65 York Street, Sackville, NB E4L 1E4, by **Friday, July 11, 2008**, or may be faxed to 506-364-2272. **This is a firm deadline by which all appeals must be received, including any new information and supporting documentation.**

If the Re-admissions Appeals Committee upholds the grounds for appeal it shall consider the appeal for re-admission and its decision shall be final. Written notification of the results of your appeal will be sent to you as soon as possible after decisions are made.

Last Name	First Name	Middle Name	Preferred Name
Mount Allison E-mail Address	Unit Number (campus mail)	ID Number	

**Academic Standing:**                       Academic Suspension                       Academic Dismissal

Appeals will be considered by the Re-admissions Appeals Committee on the following grounds only.

Please indicate which of the following grounds apply to your appeal.

- the Admissions and Re-admissions Committee was biased;
- the Admissions and Re-admissions Committee made an error in interpreting a regulation;
- new information has been provided subsequent to the decision of the Admissions and Re-admissions Committee; (eg. grade change in course(s), medical or other supporting documentation)
- the decision of the Admissions and Re-admissions Committee imposes undue or unreasonable hardship.

Please indicate if any new supporting documentation will be provided along with your appeal.

It is your responsibility to request supporting documentation, if applicable, and to ensure that the documentation reaches the Chair of the Re-admissions Appeals Committee by the deadline.

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> medical (or other health profession) documentation    | <input type="checkbox"/> included | <input type="checkbox"/> requested to be sent directly to the Chair |
| <input type="checkbox"/> letter of support from Student Development Counsellor | <input type="checkbox"/> included | <input type="checkbox"/> requested to be sent directly to the Chair |
| <input type="checkbox"/> letter of support from University Chaplain            | <input type="checkbox"/> included | <input type="checkbox"/> requested to be sent directly to the Chair |
| <input type="checkbox"/> letter of support from Meighen Centre                 | <input type="checkbox"/> included | <input type="checkbox"/> requested to be sent directly to the Chair |
| <input type="checkbox"/> other _____   | <input type="checkbox"/> included | <input type="checkbox"/> requested to be sent directly to the Chair |
- (please specify)*

