

## **Request to the Appeal Committee**

**IMPORTANT**: Please submit your request within a month of the event to the Student Services Centre, DMS 1100. Your request must be complete before it will be considered. The Committee's decision will be communicated to you by email. Please note that all correspondence must be done via your uOttawa email account\*. For differed exam requests, please use the differed exam request format.

request form**.				
Surname	First name			
Student No.	*uOttawa email			

\*\*What is the reason for your request? Max. 30 words

Have you discussed this request with an Academic Specialist?	Academic Specialist	Date
If yes, with whom and on which date?		

## Justification of request

Use a maximum of two additional pages to clearly and concisely justify your request. Please specify the course code and section, if applicable.

Sup	porting official documents (please submit with this form)	
	Medical certificate	Death certificate
	Other (please list below)	

Date	Signature***

\*\*\*If you are sending your request by email via your uOttawa account, please include your name and student number in the message.

For internal use only						
Date received		Granted	Refused			
Preparation		Reason for refusal				
Committee date						
Notes						
Message to student						
Comments						