

Request to the Appeal Committee

IMPORTANT: Please submit your request via email to the Student Services Centre at the address located at the bottom of the page. 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*.

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? If yes, with whom and on which date?		Academic Spe	ecialist Date	
Justification of request				
Use a <u>maximum of two additional pages</u> to clearly and concisely justify your request. Please specify the course code and section, if applicable.				
Supporting 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 refus	sal
Committee date				
Notes				
Message to student				
Comments				