



Cumming School of Medicine (CSM)
Undergraduate Medical Education (UME)
Appeal Submission Form

All boxes must be filled out before you submit your appeal. Incomplete forms will not be considered. **To submit your appeal, please send the completed Appeals Submission form, appeals submission and any supporting documentation to md.appeals@ucalgary.ca by your appeal deadline.**

If you have questions about completing this form, please contact md.appeals@ucalgary.ca.

Full Name:	UCID:
Preferred Pronoun:	Year of Study:
Faculty/Unit: Cumming School of Medicine	Program of Study: Medical Doctor Program
Phone:	UCalgary Email:
Current Mailing Address:	Date of Submission (Email Date):

Content and Format Requirements

According to the [Cumming School of Medicine \(CSM\), Undergraduate Medical Education \(UME\), Faculty Academic Assessment and Graded Term Work Procedure](#), Section 4.3, your appeal must include:

- a) the Appellant’s student ID number, current address and telephone contact number(s),
- b) the Academic Assessment decision or Graded Term Work decision being appealed,
- c) a list of and explanation for any grounds of appeal,
- d) the outcome sought by the Appellant,
- e) copies of all documentation relevant to the appeal, including any correspondence regarding the decision being appealed, and copies of any additional supporting evidence.

1. Date of the decision from the UME Reappraisal Committee. Provide/Attach a copy of the decision.

2. Please choose your grounds of appeal:

- that a procedural irregularity occurred in making the Academic Assessment decision or Graded Term Work decision (including a deviation from a course outline or communicated performance expectation, or where a grade was not updated)

- that an Academic Assessment or Graded Term Work decision was determined on some basis other than performance, which may include allegations of a reasonable apprehension of bias.

3. List and explain **all** Grounds of Appeal, and attach in your email all evidence supporting any selected grounds.

4. Please choose from the following the outcome(s) you are seeking. (i.e. what are you requesting that the UME FAC do?)

- that Graded Term Work be discounted from the final grade achieved
- that the Academic Assessment decision or Graded Term Work decision be returned to the department or decision maker, as appropriate, for another reappraisal, as directed by the UME Faculty Appeals Committee
- that the Academic Assessment decision or Graded Term Work decision be returned to the department or decision maker, as appropriate, for other resolution which resolution must be in accordance with applicable University and Faculty policies, regulations and procedures.

5. If your appeal proceeds to a hearing, please indicate if you would prefer a written or oral hearing and why.

Please refer to section 5.3 of the [CSM UME – Faculty Academic Assessment and Graded Term Work Procedure](#) for what circumstances would trigger a written hearing.

6. If your appeal proceeds to an oral hearing, will you be bringing a support person. If so, who and what is their relationship to you?

Please see section 6.3 of the [CSM UME – Faculty Academic Assessment and Graded Term Work Procedure](#)

7. Please confirm the following:

I have read and understood the [CSM UME – Faculty Academic Assessment and Graded Term Work Procedure](#).

I have enclosed all relevant supporting documentation and evidence.

All of the above information, my appeal submission, and all attached evidence and documentation is true and accurate.

Date

Student Signature