

Program Non-Acceptance Appeal Form

_____	_____
Name of Applicant	Student Number
Submitted to _____	_____
(Program Director)	Date Submitted

Section A (Items I-IV To be completed by the Applicant and V-VI to be completed by the Program Director)

I. Application

- a. Date packet turned in _____
- b. Where packet was turned in _____
- c. Documents attached _____

II. Name of Program _____

III. Date on which the applicant was informed of non-acceptance

IV. Date on which the applicant presented his/her appeal to the program director (today's date)

V. Concise, clear description of the specific nature of the complaint with particular regard to a description of how the selection was either unfair or inaccurate

VI. Description of the results of the applicant's discussion with program director

VIII. Given reason for non-acceptance

Applicant's Signature

Program Director's Signature

(Section A must be completed by applicant and appropriate Program Director for appeal)

Program Non-Acceptance Appeal Form

Section B (To be completed by the Dean of Health Sciences)

Name of Applicant

Student Number

I. Date on which the appeal was filed with the Dean of Health Sciences

II. Actions/findings of the Dean of Health Sciences

III. Attachments (from the Program Director and/or applicant)

IV. Decision of the Dean of Health Sciences

V. Date of decision and notification given to the applicant and Program Director

Dean of Health Sciences' Signature

(Sections A and B must be presented to the Executive Vice President for appeal along with
a
Notice of Appeal)

Program Non-Acceptance Appeal Form

Notice of Appeal

I, _____, wish to appeal the decision of the Program Director and Dean of Health Sciences, as presented on Sections A and B, to the Executive Vice President.

Applicant's Signature

Student Number

Date

Attachments: Program Non-Acceptance Appeal Form Sections A and B and any submitted documentation

Program Non-Acceptance Appeal Form

Section C (To be completed by the Executive Vice President)

Name of Applicant

Student Number

I. Date on which the appeal was filed with the Executive Vice President

II. Actions/findings of the Executive Vice President

III. Attachments (from the Dean of Health Sciences, Program Director and/or applicant)

IV. Decision of Executive Vice President

V. Date of decision and notification (copies of Section A, B, and C) given to the applicant, Program Director, and Dean of Health Sciences

Executive Vice President Signature