Name of Applicant		Student Number		
Submi	(Program Director)			
	(Program Director)	Date Submitted		
Secti	on A (Items I-IV To be completed by the A Program Di	applicant and V-VI to be completed by the rector)		
I.	Application			
	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 S			
	Program Director	's Signature		

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

#### 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 ap	oplicant and Program Director	
	Dean of Health Sciences	s' Signature	

(Sections A and B must be presented to the Dean of Students for appeal along with a  $\underline{Notice\ of\ Appeal}\ )$ 

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# **Notice of Appeal**

I,	, wish to appeal the decision of the Program Director			
Dean of Health Sciences, as presented on Sections A and B, to the Dean of Students.				
Applicant's Signar	ture		Student Number	
Date				
A., 1		1.T. G A	10 1 1 1 1	
Attachments: Program Non-A	Acceptance Appea	ll Form Sections A and	d B and any submitted	

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

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### Section C (To be completed by the Dean of Students)

	Name of Applicant	Student Number		
I.	Date on which the appeal was filed with the Dean of Students			
II.	Actions/findings of the Dean of Students			
III.	I. Attachments (from the Dean of Health Sciences,	Program Director and/or applicant)		
IV.	. Decision of Dean of Students			
V.	7. Date of decision and notification (copies of Section Program Director, and Dean of Health Sciences	on A, B, and C) given to the applicant,		
	Dean of Students Signature			

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