



# 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 Dean of Students 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 Dean of Students.

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

IV. Decision of Dean of Students

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

---

Dean of Students Signature