

**McMaster University
Academic Integrity Policy**

**Appeal Form for
Instructor Academic Dishonesty Decisions**

If you have questions about the appeal process or about completing this form, please contact the Office of Academic Integrity, acinteg@mcmaster.ca , Ext. 24303

Name: _____ Student No.: _____

Program &
Level / Year: _____

Address: _____
No. Street City Province Postal Code

Telephone: _____ Cell Phone: _____

McMaster
E-mail: _____

Secondary
E-mail _____

Please give an address and telephone number where you may be contacted outside of the academic year.
(The academic year may end before the case has been closed.) It is your responsibility to ensure that all contact information is current and accurate. Failure to do so will result in delays and possible dismissal of your application. Any changes must be reported to the Office of Academic Integrity immediately

Address
outside of
academic term: _____
No. Street City Province Postal Code

Telephone: _____

_____ Signature	_____ Date
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Notice of Collection of Personal Information

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used only for the purposes of administering the Academic Integrity Policy and for statistical purposes. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Office of Academic Integrity, MUSC 211, McMaster University.

- 1. PLEASE SUBMIT A WRITTEN STATEMENT DESCRIBING THE GROUNDS FOR YOUR APPEAL IN THE SPACE BELOW. If this space is insufficient, additional pages may be appended. You may also attach any written documents that you want to submit as evidence in support of your appeal.**

- 2. WHAT RELIEF DO YOU SEEK? (e.g., what do you want the Faculty Adjudicator to do for you?)**

3. PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of Course: _____

(e.g. Psychology
1X03)

Instructor's Name: _____

Kind of Assignment _____

(e.g., essay, midterm, exam, etc.)

Value of Assignment: _____

(e.g., 10% of course)

Details of Penalty: _____

(e.g., reduction of grade, zero on the assignment, etc.)

4. DO YOU INTEND TO CALL ANY WITNESSES?

NO

YES List witnesses below.

PLEASE NOTE: You are responsible for contacting your witnesses and making all arrangements for them to attend the hearing.

Name: _____

Name: _____

Name: _____

Name: _____

Please return your completed form to:

Office of Academic Integrity
c/o University Secretariat
Gilmour Hall, Room 210
