



Admissions Decision Appeal Form

(This form must accompany your appeal)

Applicant Information

Last Name	First Name	Middle Name
Email		

Reason for Appeal

Grounds for an admission appeal shall be limited to:

1. unit procedural errors,
2. evidence that the information used in the assessment of the decision was wrong or incomplete, or
3. evidence that the assessment was not made according to the published admission qualifications and selection criteria.

A failure by the applicant to provide accurate and complete information in accordance with the established admission qualifications and selection criteria shall not be grounds for an appeal.

Please indicate the ground(s) that are pertinent to your appeal:

- unit procedural errors
- evidence that the information used in the assessment of the decision was wrong or incomplete
- evidence that the assessment was not made according to the published admission qualifications and selection criteria

Please sign this form and attach it to your appeal statement. It is important that you clearly outline the ground(s) for your appeal and append any supporting documentation.

By signing this form, I declare that all information within this appeal is accurate and true.

Date (dd/mm/yyyy)

The completed and signed appeal form and all related documentation must be received within 5-business days of the date a negative application decision is emailed to the applicant. The appeal form and supporting documentation is to be addressed to the Chair of the Admissions Appeal Committee, c/o Admissions Office at med.admissions@usask.ca.