



Manitoba Emergency Services College Student Appeal Form

Formal Appeal Process:

1. The Student Appeal Form must be submitted to the MESC Registrar within five working days from the date the decision was issued. The Registrar will forward the appeal document to the applicable Program Manager for an independent review of the appeal and decision within 10 business days. The Program Manager will then contact the student in writing with their decision.
2. If you believe there has been an incorrect administration of appeal procedures, then a new related Student Appeal Form is to be submitted to the MESC Registrar within five working days upon receipt of the decision of the Program Manager. The Registrar will forward the appeal document to the MESC Director for a second independent review and decision within 10 business days. The Director will perform their review of the appeal and contact the student in writing with their decision.
3. If you choose to seek a final decision, s Student Appeal Form can be submitted to the MESC Registrar within five working days from the date in any part of the MESC appeal process with specific request for an Appeal Committee Hearing. The Registrar will forward the appeal document to the MESC Director and request the Director form an independent appeal committee as per MESC policy. Please note that all decision made by the Appeal Committee are final.

This form can be used for an appeal at any level of the appeal process. All responses from MESC will be in writing to you. If this is an appeal that is heard by an Appeal Committee, the MESC Director (on behalf of the committee) will correspond with you regarding the details of the hearing through your email address which has been registered with Student Services. It is your responsibility to monitor your email account during an appeal. Once correspondence has been sent, it is deemed to have been received.

PLEASE NOTE: A fee may apply to the Appeal Committee Hearing.

Student Information:			
Name:		Student #	
Address:			
City:		Province:	Postal Code:
Phone #	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	Email:
Course:			
Instructor:		Grade (if applicable):	



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If you have received any documents from the MESC regarding a decision, please attach copies.

Please briefly state the decision that you are appealing. Please attached a separate page with a full explanation.

Please provide a brief statement as to why you feel a review of the decision is warranted. Please attached supporting documents to further describe your decision.

Please state the specific remedy you are asking for in this appeal. Please use a separate page if space is not sufficient.



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Students have the right to consult with any individual(s) of their choosing in preparation for and when making decisions about their appeal, including attendance at appeal hearings.

Have you sought advice regarding your appeal that you would like us to know about?

Registrar

Name

Signature

Program Manager

Name

Signature

Director

Name

Signature

Other

Name

Signature

Student Signature

Date

*****PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS*****