

This form should be completed by the Graduate Advisor/Chair (acting as Appeal Advocate).

Applicant Information

First Name: _____ Last Name: _____

Program: _____ Graduate Advisor/Chair: _____

Admissions Appeal Checklist

- _____ Admissions Appeal Endorsement form
- _____ Program of Study form
- _____ At least one (1) letter of reference addressing special admission
- _____ Two (2) examples of scholarly work
- _____ Resume or CV
- _____ 300-500 word statement from applicant explaining why they should be considered for special admission
- _____ 100-200 word statement from Graduate Advisor explaining why the applicant should be considered for special admission

**Received and verified as complete by the School of
Graduate Studies:**

(initial)

(date)

The top part of this form should be completed by the Graduate Advisor/Chair (acting as Appeal Advocate). Initial each declaration and sign and date at the bottom.

Applicant: _____ Date: _____

Program: _____ Graduate Advisor/Chair: _____

GRADUATE ADVISOR ENDORSEMENT

I, the undersigned, support the admissions appeal on the part of the applicant named above. In acting as the Advocate for this applicant, I will ensure the following:

- | | | |
|-------------------|-----------------|--|
| <u> </u> | <i>Initials</i> | <i>The appeal:</i> |
| <u> </u> | | Is reasonable in the circumstances |
| <u> </u> | | Is in the best interests of the student or applicant concerned |
| <u> </u> | | Does not give an unfair advantage to the student or applicant concerned |
| <u> </u> | | Does not undermine the integrity of Nipissing University's regulations |
| <u> </u> | | Does not undermine the integrity of Nipissing University's degree requirements |

Graduate Advisor (sign)	Graduate Advisor (print name)	Date
_____	_____	_____

APPEALS COMMITTEE ENDORSEMENT

We, the undersigned,

_____ **Support** the admissions appeal on the part of the applicant and program Advisor named above. We have discussed the admissions requirements and qualifications of the applicant and we request that the applicant be admitted to this program as a:

- _____ Non-probationary student who will embark upon the Program of Study
- _____ Probationary student who will be required to complete during the probationary period two (2) Graduate courses, maintain a minimum B average in all courses, and not remain on probation for more than two consecutive terms

_____ **Do not support** the admissions appeal on the part of the applicant and program Advisor named above. We have discussed the admissions requirements and qualifications of the applicant. The applicant may not appeal for consideration for special admission for the period of at least one year (three full terms).

Faculty Member (sign)	Faculty Member (print name)	Date

Application Information:

Applicant Name: _____ Applicant Number: _____
 Degree: _____ Status: _____ Full-time _____ Part-time _____
 Program: _____ Commencement Date: _____
 Field/Area of Focus: _____ Commencement Term: _____ Fall _____ Winter _____ Spring _____

Program Information:

Program Route:	Thesis	MRP		
Required Courses	Academic Year	Term	Credits	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scholarly Content:

Course Code	Academic Year	Term	Credits
_____	_____	_____	_____
_____	_____	_____	_____

Purposed Advisor / Supervisor Information:

Graduate Advisor/Chair: _____
 Research Supervisor (s): _____

Funding Package:

The amount indicated below is the minimum total funding for the academic year that you are guaranteed by Nipissing University based on your grades.

_____ _____
 _____ _____
 Total _____

Approval of Graduate Advisor/Chair:

 Signature Name (please print) Date

Assistant Vice-President Research & Graduate Studies

 Signature Name (please print) Date