Graduate School of Basic Medical Sciences
New York Medical College

Application for a Hearing before the Graduate School Appeals Board

Note: Please type this form.

Student making the appeal: _____ _____
Last name First name MI Student ID number

Graduate Program: _ Degree: _____

Individual or group who
made the decision being appealed: ___

Date of the decision being appealed: ___

On attached sheets, please provide typed responses to each of the following items. Be complete but concise. Your responses will assist the GSAB in understanding the issues involved and will be the basis for deciding whether or not to conduct a "hearing." Please number each item and each page consecutively.

1. ***Preliminary information:*** State the decision that is being appealed.

2. ***Prior review procedures:*** List all the review or appeal procedures requested and those held prior to this request. Provide dates and names of persons with whom reviews were held and describe the nature of the review and the resulting outcome(s).

3. ***Grounds for this appeal request:*** You must indicate the basis on which you believe we should review the decision you are appealing.

4. ***Statement of facts****:* State, as concisely as possible, the relevant facts involved in this appeal.

5. ***Summary of your argument:*** State why you think the decision or action taken should be overturned or modified. Your argument should be based on the Grounds for Appeal included in item 3.

6. ***Requested outcome****:* State what you think would be a fair resolution of this issue.

7. ***Witnesses appearing for you:*** List the names of any people you wish to have invited to appear on your behalf. To what point of fact would each of them be able to contribute?

8. ***Other supporting evidence:*** Supply any other supporting materials that you feel are necessary for the GSAB to consider in order to determine whether or not to hold a "hearing." These might include letters, laboratory notebooks, etc.