



### INSTRUCTIONS

Please submit this form along with the Tenure Appeals Form to [grievances-appeals.secretariat@mcgill.ca](mailto:grievances-appeals.secretariat@mcgill.ca).

### I. APPELLANT'S CONFIDENTIAL NOMINATION

Indicate a member of the [Appeals Committee](#) (other than the Chair or Vice-Chair) who you select to serve on the Hearing Subcommittee for the appeal. In making this nomination, please be mindful of the [Regulation on Conflict of Interest](#).

Appellant's Nomination:

### 2. CONFLICT OF INTEREST

I confirm that I have read McGill University's *Regulation on Conflict of Interest*.

**I submit this nomination in accordance with the *Regulations on Appeals of Tenure Decisions*.**

Signature

Date