

**STUDENT CODE OF ACADEMIC CONDUCT  
RESPONSE TO NOTICE OF AUTOMATIC HEARING  
ACADEMIC INTEGRITY COUNCIL**

**PLEASE PRINT CLEARLY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED. YOU MUST PRESENT TWO COPIES OF YOUR COMPLETE APPEAL, IN PERSON, TO THE AIC OFFICE (JOR-1228), BETWEEN 8:00 A.M. AND 4:00 P.M. THE SECOND COPY WILL BE DATE-STAMPED AND RETURNED TO YOU FOR YOUR RECORDS.**

**I understand that an Automatic Hearing of the Academic Integrity Council has been scheduled because:**

**[Check one]:**

- I have had two or more Disciplinary Notations (DN); therefore, I am on Disciplinary Suspension (DS).**
- There has been a recommendation of Disciplinary Suspension, Withdrawal or Expulsion.**

DATE OF SUBMISSION BY STUDENT:  
*(Must be within 10 working days of the receipt of notification)*

\_\_\_\_\_

This form was not submitted by the student. Page 1 was completed by the Academic Integrity Office.

**Date completed** \_\_\_\_\_

**STUDENT INFORMATION:**

STUDENT ID NUMBER:	
SURNAME:	GIVEN NAME:
PROGRAM:	YEAR IN PROGRAM (e.g. 1 <sup>st</sup> year, 2 <sup>nd</sup> year, etc.):

**CONTACT INFORMATION:** It is vital that you provide accurate contact information, as this is where results of Appeals will be sent and inquiries made. If you cannot be contacted, you risk missing important deadlines and information, and may jeopardize your ability to further appeal.

**ADDRESS (include apartment and buzzer numbers, if any):**

STREET:

CITY:	POSTAL CODE:
TELEPHONE NUMBER:	CELLPHONE NUMBER:
<b>Can we leave a voicemail at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	<b>Can we leave a voicemail at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>

RYERSON EMAIL ADDRESS:

*(As per policy, contact by Ryerson email constitutes official notification.)*

**REQUEST FOR A WAIVER OF HEARING:**

If you do not dispute the penalty or length of penalty if one has been recommended, then you have the right to waive a hearing, and the penalty will stand.

**I wish to waive an Automatic Hearing:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PREJUDICE (see the definition below, then check one of the following, if applicable):**

<p><b>PREJUDICE</b> - You must be claiming that an instructor treated you differently based on one of the following prohibited grounds, as outlined in the Human Rights Code. You must consult with the Discrimination and Harassment Prevention Services Office about this appeal. No action will be taken until a decision is received from that office.</p>				
<input type="checkbox"/> Race	<input type="checkbox"/> Age	<input type="checkbox"/> Colour	<input type="checkbox"/> Disability	<input type="checkbox"/> Creed (Religion)
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Place of Origin	<input type="checkbox"/> Family Status	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Sex
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Ethnic Origin	<input type="checkbox"/> Same-Sex Partnership Status	

**ALL OF THE FOLLOWING ARE REQUIRED. CHECK OFF THAT THEY ARE ATTACHED.**

Documents	<input checked="" type="checkbox"/>	List other documents included:
<ul style="list-style-type: none"> <li>• Record of Meeting held for Discussion of Suspicion of Academic Misconduct, and</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• Decision Letter(s) from Instructor(s)</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• Letter Disputing Penalty</li> </ul>	<input type="checkbox"/>	

**NOTE:** The Academic Integrity Council hearing panel has the right to decide whether or not to accept any additional documents you provide at the hearing.

**If you intend to have an advocate or if you have any witnesses, you must complete the following:**

NAME OF ADVOCATE:	
ADDRESS:	
CITY:	POSTAL CODE:
TELEPHONE NUMBER:	EMAIL ADDRESS:
WITNESSES (IF ANY)	To what will the witness be testifying? Give a brief summary below of the witness' statement.

You will receive the decision of the Academic Integrity Council on your Ryerson Email address as given on the first page of this form.

I have read and understood the Student Code of Academic Conduct of Ryerson University. I certify that the documents I have submitted are authentic and that the statements I have made are true, and I acknowledge that the submission of false statements of documents is a violation of the *Ryerson University Student Code of Academic Conduct*.

I understand that this information will be treated by the Academic Integrity Council in a confidential manner, except to the extent such information is false, fraudulent, otherwise in the public domain, provided to other Ryerson faculty or staff outside of the appeals process, required to be disclosed by a court of competent jurisdiction, required as determined by Ryerson acting reasonably to be used in any claim of academic misconduct against the student, or required to be disclosed as determined by Ryerson acting reasonably to defend Ryerson in any claim or potential claim involving the student or the suspicion of fraud.

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Signature of Appellant

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Date

**This form must be filed, in person, with the  
Academic Integrity Office, JOR-1228  
(12<sup>th</sup> floor, Jorgenson Hall),  
between 8:00 a.m. and 4:00 p.m.**

**For further information, please call:  
416-979-5000 Ext. 2356**

**PROTECTION OF PRIVACY**

The information on this form is collected under the authority of the Ryerson University Act and is needed to process your application for an Academic Misconduct Appeal. The information will be used in connection with this appeal. If you have questions about the collection, use and disclosure of this information by the University, please contact the Academic Integrity Office, 350 Victoria Street, Suite JOR-1228, Toronto, ON, M5B 2K3; Tel.: 416-979-5000 Ext. 2356.