

**UNDERGRADUATE ACADEMIC APPEAL
DEPARTMENT/SCHOOL GRADE APPEAL**

(Must be filed with the Office of the Chair/Director, of the course being appealed)

PLEASE PRINT CLEARLY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED. YOU MUST PRESENT TWO COPIES OF YOUR COMPLETE APPEAL, IN PERSON, TO THE DEPARTMENT/SCHOOL, DURING POSTED OFFICE HOURS. THE SECOND COPY WILL BE DATE-STAMPED AND RETURNED TO YOU FOR YOUR RECORDS.

DATE OF SUBMISSION		
DEPARTMENT/SCHOOL RECEIVING APPEAL <i>(The department in which the course was taught)</i>		
TERM OF GRADE BEING APPEALED	TERM: Check one: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR (i.e. 1 st , 2 nd , etc.):
FINAL DATE TO APPEAL FOR THIS TERM: Consult the calendar for this date		

STUDENT INFORMATION

STUDENT ID NUMBER:	
SURNAME:	GIVEN NAME:
PROGRAM:	PROGRAM LEVEL:
COURSE NUMBER:	INSTRUCTOR:

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 number, and buzzer number, if applicable): STREET	
CITY:	POSTAL CODE:
TELEPHONE NUMBER:	RYERSON EMAIL ADDRESS:
CELL NUMBER:	

GROUND OFS OF APPEAL [Except for Procedural Error, grounds must be the same at all levels of appeal.]

MEDICAL	
COMPASSIONATE	
COURSE MANAGEMENT	
<p>PREJUDICE - 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> <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 </p>	
PROCEDURAL ERROR – Describe fully in your attached letter.	

Please note: If there is a pending charge of academic misconduct related to this course, any decision made on this grade appeal may be subject to change based on the outcome of that charge.

- All claims you make should be completely documented, and copies of all relevant documents must be attached to this form. These include such items as medical certificates, official certificates or documents, course management policies, pertinent class grades for the course in question to show satisfactory course progress, etc.
- All documents you reference must be included. Failure to provide pertinent documentation will jeopardize your appeal.
- If you submit documents containing the personal information of someone other than yourself, you must include a signed letter from that person, authorization you to do so.
- **You must keep a copy of the email decision you received.**
- **Incomplete Appeals will not be accepted.**

LIST ALL DOCUMENTS INCLUDED WITH THIS APPEAL

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ALL OF THE FOLLOWING INFORMATION MUST BE PROVIDED IN A TYPED STATEMENT CLEARLY INDICATING SECTIONS A, B AND C:

Section A. What actions did you take to deal with unforeseen situations which arose during the semester which had a serious impact on your grade in this course? Be specific as to the dates when you did such things as contact the instructor, submit a medical certificate, receive or request some form of consideration, etc.

Section B. What are the actions you wish taken at this level (i.e. assuming an INC for the course, etc.)

Section C. Being as specific as possible, what are the grounds for this appeal? (Why should this appeal be considered?)

- I have read and understood the Academic Consideration and Appeals Policy 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 documents or statements is a violation of the Ryerson University Student Code of Academic Conduct.
- I understand that if I have not received a decision within five (5) working days, it is my responsibility to check with the Department/School Chair/Director on the status of that decision. I may consult with the Dean.
- I understand that I will receive the decision on this appeal via my Ryerson email address.

Signature: _____

Date: _____

THIS FORM MUST BE FILED IN PERSON, WITH THE DEPARTMENT/SCHOOL CHAIR/DIRECTOR OF THE COURSE BEING APPEALED, DURING POSTED OFFICE HOURS (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE).

CALL THE DEPARTMENT/SCHOOL FOR FURTHER DETAILS.

NOTE: 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 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 Secretary of Senate, 350 Victoria Street, Suite JOR-1227, Toronto, ON, M5B 2K3; Tel.: 416-979-5011.