

**UNDERGRADUATE ACADEMIC APPEAL  
DEPARTMENT/SCHOOL STANDING APPEAL**

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

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

DATE OF SUBMISSION		
DEPARTMENT/SCHOOL RECEIVING APPEAL <i>(The department/school in which you are a student)</i>		
TERM OF STANDING BEING APPEALED	TERM: Check one: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER	YEAR (i.e. 1 <sup>st</sup> , 2 <sup>nd</sup> , etc.):
FINAL DATE TO APPEAL FOR THIS TERM: <b>(Consult the Ryerson calendar for this date)</b>		

**STUDENT INFORMATION**

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

**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.

<b>ADDRESS (INCLUDE APARTMENT AND BUZZER NUMBER, IF APPLICABLE):</b> STREET	
CITY:	POSTAL CODE:
TELEPHONE NUMBER:	RYERSON EMAIL ADDRESS:
CELL NUMBER:	

STANDING BEING APPEALED:	
HAVE YOU SUBMITTED A GRADE APPEAL THIS TERM? Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE(S) BEING APPEALED
IF SO, WHAT DEPARTMENT(S)/SCHOOL(S) RECEIVED THE GRADE APPEAL?	

**GROUND(S) OF APPEAL** *[Except for procedural error, grounds must be the same at all levels of appeal.]*

MEDICAL	
COMPASSIONATE	
COURSE MANAGEMENT	
<p><b>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.</b></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 appeal of academic misconduct related to your standing, the misconduct appeal will be heard first.**

- 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 PROGRAM BEING APPEALED, DURING POSTED OFFICE HOURS, (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE).**

**CALL THE DEPARTMENT/SCHOOL FOR FURTHER DETAILS.**

**NOTE: PROTECTION OF PRIVACY**  
 In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), the information on this form is collected under the authority of the Ryerson University Act, 1977 and is needed to process your request for an academic appeal. All personal information that is collected will be used, stored, and destroyed in accordance with Ryerson's Information Protection and Access Policy (see <http://www.ryerson.ca/about/vpadministration/assets/pdf/InformationProtectionandAccessPolicy.pdf>). If you have questions about the collection, use and disclosure of this information by Ryerson please contact the Secretary of Senate, 350 Victoria St, Suite JOR1227, Toronto ON M5B 2K3, 416-979-5011, [lstewart@ryerson.ca](mailto:lstewart@ryerson.ca) .