

**UNDERGRADUATE ACADEMIC APPEAL  
FACULTY STANDING APPEAL**

FACULTY DATE STAMP

**(This appeal must be filed with the Dean's Office of the Program Faculty of the course you are appealing;  
e.g. Finance, Dean of the Faculty of Business; Sociology, Dean of the Faculty of Arts)**

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

DATE OF SUBMISSION <i>(Must be within 10 working days of receipt of First Level Response)</i>		
FACULTY RECEIVING APPEAL <i>(The Faculty in which the course was taught)</i>		
TERM OF STANDING BEING APPEALED	TERM: Select one <input type="checkbox"/> FALL <input type="checkbox"/> WINTER	YEAR (i.e. 1 <sup>st</sup> , 2 <sup>nd</sup> , etc.):
DATE DEPARTMENT/SCHOOL STANDING APPEAL FILED <i>(Attach complete copy)</i>	DATE DEPARTMENT/SCHOOL RESPONSE RECEIVED <i>(Attach copy of date-stamped letter or dated e-mail)</i>	
NAME OF RESPONDENT TO DEPARTMENT/SCHOOL APPEAL		

**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:</b> 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><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  <span style="margin-left: 350px;">Status</span> </p>	
PROCEDURAL ERROR – Describe fully in your attached letter.	

STANDING BEING APPEALED:		
HAVE YOU ALSO SUBMITTED A GRADE APPEAL THIS TERM? Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS A RESPONSE BEEN RECEIVED? Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE BEING APPEALED
IF SO, WHAT DEPARTMENT/SCHOOL RECEIVED THE GRADE APPEAL?		
IF THE DEPARTMENT/SCHOOL GRADE APPEAL WAS DENIED, HAVE YOU SUBMITTED A FACULTY LEVEL GRADE APPEAL? Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO		

**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 documents submitted in your Department/School appeal and the decision of the Department/School must be included.
- 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 LETTER CLEARLY INDICATING SECTION A AND B:**

Noting that your letters to the Department/School is part of this appeal submission, you must address the following in your letter to the Faculty.

**Section A.** What information that you provided to the Department/School was not given adequate consideration? On what basis do you dispute the decision of the Department or school?

**Section B.** Based on the Department's/School's response, what are the actions you wish taken at this level (i.e. assuming an INC for the course, etc.)

- 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 Dean's Office on the status of that decision. I may consult with the Secretary of Senate.
- 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 DEAN OF THE PROGRAM FACULTY OF THE COURSE BEING APPEALED, DURING POSTED OFFICE HOURS, (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE).**

**CALL THE DEAN'S OFFICE 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.