

**STUDENT CODE OF CONDUCT
RESPONSE TO NOTICE OF AUTOMATIC HEARING
SENATE APPEALS COMMITTEE**

PLEASE PRINT CLEARLY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED. YOU MUST PRESENT TWO COPIES OF YOUR COMPLETE APPEAL, IN PERSON, BETWEEN 9:00 A.M. AND 4:30 P.M., TO THE SENATE OFFICE. THE SECOND COPY WILL BE DATE-STAMPED AND RETURNED TO YOU FOR YOUR RECORDS.

I understand that an Automatic Hearing of the Senate Appeals Committee has been scheduled because the Academic Integrity Council (AIC) or Vice Provost Students has recommended:

- [Check one]:** **Disciplinary Withdrawal from the Program, or**
 Expulsion from the University

Date of Submission by Student:
(Must be within 10 working days of receipt of letter from Academic Integrity Council):

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

 Date completed: _____

STUDENT INFORMATION:

STUDENT ID NUMBER:	
SURNAME:	GIVEN NAME:
PROGRAM:	YEAR IN PROGRAM (e.g. 1 st Year; 2 nd year; etc.):

CONTACT INFORMATION: All communication regarding your appeal will be sent to your Ryerson Email address. It is your responsibility to check your Ryerson email. It is vital that you provide accurate mailing information, as this is where appeals documentation will be sent.

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

STREET:	
CITY:	POSTAL CODE:
TELEPHONE NUMBER:	CELLPHONE NUMBER:
RYERSON EMAIL ADDRESS: <i>(As per policy, contact by Ryerson email constitutes official notification.)</i>	

ACADEMIC MISCONDUCT APPEAL TO THE ACADEMIC INTEGRITY COUNCIL:		NON-ACADEMIC MISCONDUCT HEARING WITH VICE PROVOST STUDENTS:	
DATE SUBMITTED		DATE OF HEARING	
DATE OF RESPONSE		DATE OF DECISION	
DEPARTMENT/SCHOOL			
NAME OF INSTRUCTOR			
COURSE			

REQUEST FOR A WAIVER HEARING

If you do not dispute the penalty, then you have the right to waive a hearing, and the penalty will stand.

Please sign below if you wish to waive an automatic hearing:

Signature of Appellant _____

Date: _____

REQUIRED ATTACHMENTS:

You must attach to this form, copies of all documents which were submitted to the Academic Integrity Council and the AIC's decision letter. Otherwise, your submission may not be accepted.

NOTE: If you have not waived your right to a hearing, you must also submit a letter stating why you believe the penalty is unfair.

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

Documents	<input checked="" type="checkbox"/>	List other documents included with previous appeals:
For Academic Code of Conduct:		
▪ Letter Disputing the Charge and/or Penalty		
▪ Summary record of meeting held for Discussion of Suspicion of Academic Misconduct		
▪ Decision letters from Instructor		
▪ Academic Integrity Council's Appeal Form and Complete submission documents		
▪ Decision Letter - Academic Integrity Council		

If you intend to be represented or, if you have any witnesses, complete the following:

NAME OF ADVOCATE or LEGAL COUNSEL:	
ADDRESS: STREET	
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(es) statement(s)

You will receive the decision of the Senate Appeals Committee through 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 Senate Appeals Committee Hearing Panel 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.

I understand that, other than material presented by me or the respondent, and any relevant academic records, no other materials will be considered by the Hearing Panel in this appeal without the consent of both parties.

I understand that I may register for courses while under appeal, but that if my appeal is not granted and I am Required to Withdraw, my registration will be cancelled.

I understand that the findings of the Senate Appeals Committee Hearing Panel are final in this matter.

Signature of Appellant

Date

**THIS FORM MUST BE FILED IN PERSON
BETWEEN 9:00 A.M. AND 4:30 P.M.
(UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE)
WITHIN TEN (10) WORKING DAYS OF RECEIVING THE
ACADEMIC INTEGRITY COUNCIL'S RESPONSE, WITH:**

Dr. Diane R. Schulman, Secretary of Senate
Jorgenson Hall, Room JOR-1227
350 Victoria Street, Toronto ON M5B 2K3
Phone: 416-979-5011 FAX: 416-979-5237
Email: lstewart@ryerson.ca

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