



SENATE DATE STAMP

UNDERGRADUATE ACADEMIC APPEAL
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.

Note: Copies of all documents submitted at the previous levels and dated e-mail responses must be attached to this form.

DATE OF SUBMISSION:
(Must be within 10 working days of receipt of Faculty level response)
TERM OF GRADE OR STANDING BEING APPEALED: TERM: Check one
YEAR (i.e. 1st, 2nd, etc.):

PREVIOUS APPEALS ON THIS MATTER:

Table with 5 columns: DATE SUBMITTED, DATE OF RESPONSE, NAME OF RESPONDENT, DEPARTMENT/SCHOOL LEVEL (GRADE, STANDING), FACULTY LEVEL (GRADE, STANDING)

STUDENT INFORMATION:

STUDENT ID NUMBER:
SURNAME: GIVEN NAME:
PROGRAM: PROGRAM LEVEL: (e.g. 1st yr, 2nd 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 number, if applicable):
STREET:
CITY: POSTAL CODE:
TELEPHONE NUMBER: CELL NUMBER:
RYERSON EMAIL ADDRESS:
(As per policy, contact by Ryerson email constitutes official notification.)

TYPE OF APPEAL:

Table with 2 main sections: GRADE (COURSE NUMBER, INSTRUCTOR, DEPARTMENT) and ACADEMIC STANDING (STANDING BEING APPEALED, PROGRAM DEPARTMENT)

GROUNDS FOR 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 <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.	

NOTE: All claims you make should be completely documented, and copies of all documents must be attached to this form. These include such items as medical certificates, official certificates or documents, course outlines, pertinent class grades to show satisfactory course progress, etc. Failure to provide pertinent documentation may jeopardize your appeal.

ATTACHMENTS: ALL FORMS, DOCUMENTS AND DECISION LETTERS FROM PREVIOUS LEVELS OF APPEAL MUST BE ATTACHED. CHECK OFF THAT THEY ARE ATTACHED.

Documents:	<input checked="" type="checkbox"/>	List the documents you filed with Department/School and Faculty appeals:
Complete Department/School Appeal		
Department/School Response		
Complete Faculty Appeal		
Faculty Response		

LIST ANY NEW DOCUMENTS INCLUDED WITH THIS APPEAL. EXPLAIN WHY THEY WERE NOT ORIGINALLY INCLUDED.

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

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

Section A. What information that you provided to the Faculty was not given adequate consideration? On what basis do you dispute the decision of the Faculty?

Section B. Based on the Faculty decision, what are the actions you wish taken at this level (i.e., re-grading of an examination paper, return to probationary standing, etc.)

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:
WITNESS(ES) (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 Appeals Hearing panel on your Ryerson Email address as given on the first page of this form.

I have read and understood the Undergraduate 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 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 Hearing Panel of the Senate Appeals Committee 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 FACULTY LEVEL 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 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.

(August, 2011)