

**STUDENT CODE OF CONDUCT APPEAL  
SENATE APPEALS COMMITTEE**

PLEASE PRINT CLEARLY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED. YOU MUST PRESENT TWO COPIES OF YOUR COMPLETE APPEAL. THE SECOND COPY WILL BE DATE-STAMPED AND RETURNED TO YOU FOR YOUR RECORDS.

I am appealing: **ACADEMIC MISCONDUCT**

- the Determination of Academic Misconduct
- the Penalty for Academic Misconduct

**NON-ACADEMIC MISCONDUCT**

- the Charge of Non-academic Misconduct
- the Remedy/Penalty for Non-academic Misconduct

**NOTE:** For academic misconduct appeals, copies of all documents submitted to the Academic Integrity Council (AIC), and a copy of the AIC's response must be attached to this form.

For non-academic misconduct appeals, copies of all documents submitted to the Vice-Provost, Students and a copy of the response by the Vice-Provost, Students must be attached to this form.

**DATE OF SUBMISSION:**

*[The Appeal must be submitted within 10 working days of receipt of the response from the AIC (for academic matters) or Vice-Provost, Students (for non-academic matters)]*

**STUDENT INFORMATION:**

STUDENT ID NUMBER:

SURNAME:

GIVEN NAME:

PROGRAM:

YEAR IN PROGRAM (e.g. 1<sup>st</sup> year, 2<sup>nd</sup> 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 number and buzzer number, if applicable)**

STREET:

CITY:

POSTAL CODE:

TELEPHONE NUMBER (HOME):

CELLPHONE NUMBER:

RYERSON EMAIL ADDRESS:

**(As per policy, contact by Ryerson email constitutes official notification.)**

**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 NUMBER

**REASON(S) FOR THIS APPEAL:**

There is new evidence that was not available at the time of the first hearing, which has a reasonable possibility of affecting the decision (must be provided within 60 working days of decision).	
There was a substantial procedural error, which could have affected the outcome (must be appealed within 10 working days of the decision).	
Inadequate weight was given to the evidence provided (must be appealed within 10 working days of the decision).	
The Academic Integrity Council increased the original decision (must be appealed within 10 working days of the decision).	

**NOTE:** If you submitted a Grade or Standing Appeal related to this Academic Misconduct Appeal, please complete the following:

- Grade Appeal** (No  Yes ) Department/School: \_\_\_\_\_
- Standing Appeal** (No  Yes ) Department/School: \_\_\_\_\_

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

<input checked="" type="checkbox"/>	Documents:	List other documents included with previous appeals:
	<b>For Academic Code of Conduct:</b>	
	Letter disputing the determination of Academic Misconduct or Penalty for Academic Misconduct	
	Summary of the Discussion of Suspicion of Academic Misconduct	
	Decision letter from the discussion	
	Academic Integrity Council Appeal Form, and complete submission documents	
	Decision letter from Academic Integrity Council	
	<b>For Non-Academic Code of Conduct:</b>	
	Response from the Vice-Provost, Students	
	Letter disputing Charge and/or Remedy/Penalty	

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

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**You must attach a typewritten statement including a detailed justification for your claim, based on one or more of the prescribed grounds for an appeal to Senate. The Committee may rule that an appeal does not meet the standard for one of the prescribed reasons and that it will not hear the appeal.**

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(es) be testifying? Give a brief summary of the witness(es) statement below:

You will receive the decision of the Senate Appeals Committee Hearing Panel on 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 (for academic matters) or the Student Code of Non-academic Conduct (for non-academic matters). 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](mailto: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, Room JOR-1227, Toronto, ON, M5B 2K3; Tel.: 416-979-5011.

(June, 2011)