



**Graduate Academic Appeal
Faculty Level**

FACULTY DATE STAMP

Grade appeals must be filed with the Dean's Office of the Faculty who offers the course you are appealing. Standing appeals must be filed with the Dean's Office of the Faculty that offers your Program. Students in interdisciplinary programs should file standing appeals through YSGS.

PLEASE PRINT CLEARLY. INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED. YOU MUST PRESENT TWO COPIES OF YOUR COMPLETE APPEAL, IN PERSON, TO THE DEAN'S OFFICE, DURING POSTED OFFICE HOURS [DO NOT STAPLE]. 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 program response)</i>	DATE OF DECISION AT PROGRAM LEVEL:
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TERM OF GRADE OR STANDING BEING APPEALED: Check one – <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR (i.e. 2015, etc.):
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PROGRAM APPEAL ON THIS MATTER:

	GRADE	STANDING
DATE SUBMITTED		
DATE OF RESPONSE		
NAME OF RESPONDENT		

STUDENT INFORMATION:

LAST NAME, FIRST NAME:	STUDENT ID NUMBER:
PROGRAM: (E.G. CHEMICAL ENGINEERING)	DEGREE: (E.G. PhD)

CONTACT INFORMATION: All communication regarding your appeal will be sent to your Ryerson Email address. It is your responsibility to check your Ryerson email.

ADDRESS: STREET:	
CITY:	POSTAL CODE:
TELEPHONE NUMBER:	RYERSON EMAIL ADDRESS

TYPE OF APPEAL:

<p>GRADE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">COURSE NUMBER</td><td></td></tr> <tr><td>INSTRUCTOR</td><td></td></tr> <tr><td>DEPARTMENT</td><td></td></tr> </table>	COURSE NUMBER		INSTRUCTOR		DEPARTMENT			<p>ACADEMIC STANDING</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">STANDING BEING APPEALED</td><td></td></tr> <tr><td>PROGRAM DEPARTMENT</td><td></td></tr> </table>	STANDING BEING APPEALED		PROGRAM DEPARTMENT	
COURSE NUMBER												
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GROUND'S FOR APPEAL: *[Except for Procedural Error, grounds must be the same at all levels of appeal]*

<i>HEALTH</i>	
<i>COMPASSIONATE</i>	
<i>COURSE MANAGEMENT (Including Milestone Management)</i>	
<i>PROCEDURAL ERROR (Describe fully in your attached letter)</i>	

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. If you submitted a misconduct appeal regarding this grade, the misconduct appeal must be heard first.

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

Documents:	List the documents you filed with Program appeal:
Complete Program Appeal	
Program Response	

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

OTHER GROUND FOR APPEAL:

PREJUDICE (check if applicable) - 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 (see note below).	
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You must supply evidence to support your claim of prejudice and you must explain your claim in your Appeal letter. You must also 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.

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|---|--|--|--|--|
| <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 | <input type="checkbox"/> Gender Identity |
| | | | | <input type="checkbox"/> Gender Expression |

GRADUATION (check if you have, or will be applying to graduate at the upcoming Spring or Fall convocation).
 If yes, please indicate your expected date of graduation _____

MISCONDUCT (check if you have an ongoing case with the Academic Integrity Office).

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

Since your letter to the Program are part of this appeal, you must address the following in your letter to the Faculty.

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

Section B Based on the Program decision, what are the actions you wish taken at this level?

Signature of Appellant

Date

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 the University, please contact: Yeates School of Graduate Studies, One Dundas Street West, 11th Floor Tel.: 416-979-5365.