



**SENATE APPEALS COMMITTEE
RESPONSE TO NOTIFICATION OF AUTOMATIC HEARING**

SENATE DATE
STAMP

PLEASE PRINT CLEARLY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED. YOU MUST PRESENT TWO COPIES OF YOUR RESPONSE, 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 (SAC) will be scheduled because the Academic Integrity Council (AIC) or Vice Provost Students has recommended:

- [Check one]:** **Disciplinary Withdrawal (DW) from a Program**
 Expulsion from the University
 Revocation of a degree

Date of Submission by Student:
(Within 10 working days of receiving notification that an automatic hearing will take place):

This form was completed by the Senate Office because the Student did not respond to the notification of hearing.

Date: _____

STUDENT INFORMATION:

STUDENT ID NUMBER:		
SURNAME:		GIVEN NAME:
PROGRAM/DEGREE:	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.

STREET ADDRESS <i>(include apartment and buzzer numbers, if any, for possible courier delivery):</i>	
CITY:	POSTAL CODE:
HOME PHONE:	CELL PHONE:
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 DECISION		DATE OF DECISION	
DEPARTMENT/SCHOOL			
NAME OF INSTRUCTOR			
COURSE			

REQUEST FOR A WAIVER OF 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 Student _____ Date: _____

REQUIRED ATTACHMENTS:

You must attach to this form: Copies of all documents that 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 not appropriate.

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

Documents	List any other documents included with previous appeals:
For Academic Code of Conduct: <ul style="list-style-type: none"> ▪ Letter disputing the penalty (if hearing not waived) 	
<ul style="list-style-type: none"> ▪ Summary of Facilitated Discussion (FD) or Non-Facilitated Discussion (Non FD) of suspicion of academic misconduct 	
<ul style="list-style-type: none"> ▪ Decision letter resulting from FD or Non FD 	
<ul style="list-style-type: none"> ▪ Academic Integrity Council Appeal Form and other submission documents 	
<ul style="list-style-type: none"> ▪ Academic Integrity Council decision letter 	

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

NAME OF ADVOCATE or LEGAL COUNSEL:	
STREET ADDRESS:	
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 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 Student

Date

**AS STATED ABOVE, UNLESS OTHER ARRANGEMENTS
HAVE BEEN MADE, THIS FORM MUST BE FILED IN
PERSON BETWEEN 9:00 A.M. AND 4:30 P.M.
WITHIN TEN (10) WORKING DAYS OF RECEIVING
NOTIFICATION THAT AN AUTOMATIC HEARING WILL
TAKE PLACE. PLEASE SUBMIT TO:**

Donna Bell
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:

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 Ryerson please contact the Office of the Secretary of Senate, 350 Victoria Street, Suite JOR-1227, Toronto ON M5B 2K3, 416-979-5011, lstewart@ryerson.ca.