



**GRADUATE ACADEMIC APPEAL
PROGRAM LEVEL**

<i>Program Date Stamp</i>

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. (MON-FRI), TO YOUR PROGRAM OFFICE. THE SECOND COPY WILL BE DATE-STAMPED AND RETURNED TO YOU FOR YOUR RECORDS. [DO NOT STAPLE.]

DATE OF SUBMISSION	FINAL DATE TO APPEAL FOR THIS TERM: <i>(Consult the Ryerson calendar for this date)</i>
TERM OF GRADE OR STANDING BEING APPEALED: TERM: Check one <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR: (i.e. 2014, etc.)

STUDENT INFORMATION:

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

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:	

TYPE OF APPEAL

GRADE		ACADEMIC STANDING	
COURSE NUMBER		STANDING BEING APPEALED	
INSTRUCTOR			

GROUNDS FOR APPEAL:

MEDICAL	
COMPASSIONATE	
COURSE MANAGEMENT	
PROCEDURAL ERROR – Describe fully in your attached letter	

NOTES: 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.

Please note that if you submitted a misconduct appeal regarding this grade, the misconduct appeal must be heard first.

If you submit documents containing the personal information of someone other than yourself, you must include a signed letter from that person, authorization you to do so.

You must keep a copy of the email decision you received.

LIST ALL DOCUMENTS INCLUDED WITH THIS APPEAL

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OTHER GROUND FOR APPEAL:

PREJUDICE ¹ (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 on following page).	
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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 |

¹ 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.

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

Section A. What actions did you take to deal with unforeseen situations which arose during the semester which had a serious impact on your grade or standing? Be specific as to the dates when you did such things as contact the instructor or program director, submit a medical certificate, receive or request some form of consideration, etc.

Section B. What are the actions you wish taken at this level

Section C. Being as specific as possible, what are the grounds for this appeal? (Why should this appeal be considered?)

- I have read and understood the 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 if I have not received a decision within five (5) working days, it is my responsibility to check with the Program Director on the status of that decision. I may consult with the Associate Dean of YSGS.
- I understand that I will receive the decision on this appeal via my Ryerson email address.

Signature: _____

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.