



**UNDERGRADUATE ACADEMIC APPEAL  
FACULTY STANDING APPEAL**

FACULTY DATE STAMP
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**(This appeal must be filed with the Dean's Office of the Program Faculty of the course you are appealing;  
e.g. Finance, Dean of the Faculty of Business; Sociology, Dean of the Faculty of Arts)**

**PLEASE PRINT CLEARLY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED. YOU MUST PRESENT TWO COPIES OF YOUR COMPLETE APPEAL, IN PERSON, TO THE DEAN'S OFFICE, DURING POSTED OFFICE HOURS. THE SECOND COPY WILL BE DATE-STAMPED AND RETURNED TO YOU FOR YOUR RECORDS. [DO NOT STAPLE.]**

DATE OF SUBMISSION <i>(Must be within 10 working days of receipt of First Level Response)</i>	
FACULTY RECEIVING APPEAL <i>(The Faculty in which the course was taught)</i>	
TERM AND YEAR OF STANDING BEING APPEALED: TERM: <b>(Check one)</b> <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR (i.e. 2015, etc.):
DATE DEPARTMENT/SCHOOL STANDING APPEAL FILED <i>(Attach complete copy)</i>	DATE DEPARTMENT/SCHOOL RESPONSE RECEIVED <i>(Attach copy of date-stamped letter or dated e-mail)</i>
NAME OF RESPONDENT TO DEPARTMENT/SCHOOL APPEAL	

**STUDENT INFORMATION**

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

**CONTACT INFORMATION:** It is vital that you provide accurate contact information, as this is where results of appeals will be sent and inquiries made. If you cannot be contacted, you risk missing important deadlines and information, and may jeopardize your ability to further appeal.

<b>ADDRESS:</b> STREET	
CITY:	POSTAL CODE:
TELEPHONE NUMBER: And/or CELL NUMBER:	RYERSON EMAIL ADDRESS:

**GROUND OFS OF APPEAL** *[Except for Procedural Error, grounds must be the same at all levels of appeal.]*

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

STANDING BEING APPEALED:		
HAVE YOU ALSO SUBMITTED A GRADE APPEAL THIS TERM? <i>Check one:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS A RESPONSE BEEN RECEIVED? <i>Check one:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE BEING APPEALED
IF SO, WHAT DEPARTMENT/SCHOOL RECEIVED THE GRADE APPEAL?		
IF THE DEPARTMENT/SCHOOL GRADE APPEAL WAS DENIED, HAVE YOU SUBMITTED A FACULTY LEVEL GRADE APPEAL? <i>Check one:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

**Please note: If there is a pending charge of academic misconduct related to this course, any decision made on this grade appeal may be subject to change based on the outcome of that charge.**

- All documents submitted in your Department/School appeal and the decision of the Department/School must be included.
- All claims you make should be completely documented, and copies of all relevant documents must be attached to this form. These include such items as medical certificates, official certificates or documents, course management policies, pertinent class grades for the course in question to show satisfactory course progress, etc. All documents you reference must be included. Failure to provide pertinent documentation will jeopardize your appeal.
- 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. Incomplete Appeals will not be accepted.**

**LIST ALL DOCUMENTS INCLUDED WITH THIS APPEAL.**

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**NOTE: Once graduation eligibility has been confirmed by the University, the transcript for that degree or certificate is sealed and will not be altered except under extraordinary circumstances.**

**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).

<input type="checkbox"/> <b>PREJUDICE</b> <sup>1</sup> (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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**ALL OF THE FOLLOWING INFORMATION MUST BE PROVIDED IN A TYPED LETTER CLEARLY INDICATING SECTION A AND B:**

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

**Section A. What information that you provided to the Department/School was not given adequate consideration? On what basis do you dispute the decision of the Department or school?**

**Section B. Based on the Department's/School's response, what are the actions you wish taken at this level (i.e. assuming an INC for the course, etc.)**

- 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 Academic Integrity Policy (Policy 60).
- I understand that if I have not received a decision within five (5) working days, it is my responsibility to check with the Dean's Office on the status of that decision. I may consult with the Secretary of Senate.
- I understand that I will receive the decision on this appeal via my Ryerson email address.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST BE FILED IN PERSON, WITH THE DEAN OF THE PROGRAM FACULTY OF THE COURSE BEING APPEALED, DURING POSTED OFFICE HOURS, (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE).**

**CALL THE DEAN'S OFFICE FOR FURTHER DETAILS.**

**NOTE: 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 Donna Bell, Secretary of Senate ([dbell@ryerson.ca](mailto:dbell@ryerson.ca)), or Lucia Stewart ([lstewart@ryerson.ca](mailto:lstewart@ryerson.ca)), 350 Victoria St, Suite JOR1227, Toronto ON M5B 2K3, 416-979-5011.

<sup>1</sup> 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 Human Rights 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 |