



**SCHOOL OF GRADUATE STUDIES PROGRAM ACADEMIC APPEAL
SENATE APPEALS COMMITTEE**

SENATE DATE STAMP

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., TO THE SENATE OFFICE. 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 Faculty Level Response):</i>		
TERM OF APPEAL (GRADE OR STANDING):	TERM: Check one: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR (i.e. 2013, etc.)

APPEALS ON THIS MATTER TO SCHOOL OF GRADUATE STUDIES (PROGRAM)

	GRADE	STANDING
DATE SUBMITTED		
DATE OF RESPONSE		
NAME OF RESPONDENT		

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.

ADDRESS (include Apartment number and buzzer number, if applicable): STREET:	
CITY:	POSTAL CODE:
TELEPHONE NUMBER: And/or	RYERSON E-MAIL ADDRESS: <i>(As per policy, contact by Ryerson email constitutes official notification.)</i>
CELL NUMBER:	

TYPE OF APPEAL:

GRADE		ACADEMIC STANDING	
COURSE NUMBER		STANDING BEING APPEALED	
INSTRUCTOR		PROGRAM DEPARTMENT	
DEPARTMENT			

GROUND FOR THIS APPEAL

[Except for Procedural Error, grounds must be the same at all levels of appeal]:

HEALTH	
COMPASSIONATE	
COURSE MANAGEMENT (not considered in Standing Appeal)	
PROCEDURAL ERROR – Describe fully in your attached letter	

- 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 policies, pertinent class grades to show satisfactory course progress, etc. Failure to provide pertinent documentation may jeopardize your appeal.
- The Hearing Panel will have the right to decide whether or not to accept any documents you provide after the date of submission of this appeal.

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

School of Grad Studies Appeal Form	Documents filed with the School of Grad Studies appeals (List)
School of Grad Studies Response	

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

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).

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 below).	
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**ALL OF THE FOLLOWING INFORMATION MUST BE PROVIDED IN A TYPED LETTER.
 CLEARLY INDICATE 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 your academic standing? Be specific as to the dates when you did such things as contact the instructor, or department/school, submit a medical certificate, receive or request a consideration, etc.

Section B. What are the actions you wish taken at this level (i.e., re-grading of an examination paper, return to probationary standing, etc.)

Section C. Being as specific as possible, what are the grounds for this appeal? (Why should this appeal be considered?) For standing appeals, you must explain why your standing, which is based on your grades, is unfair. On what basis do you dispute the decision of the Faculty?

If you intend to be represented or accompanied by another party or parties, please complete the following:

NAME OF ADVOCATE OR LEGAL COUNSEL (if any)	Check One: <input type="checkbox"/> ADVOCATE <input type="checkbox"/> LEGAL COUNSEL
ADDRESS: STREET	
CITY:	POSTAL CODE:
TELEPHONE NUMBER:	EMAIL ADDRESS:
WITNESS(ES) (if any):	To what will the witness be testifying?

¹ 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. You must 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.

- | | | | | |
|---|--|--|--|--|
| <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 |

I have read and understood the Graduate Student Academic Appeals Policy (Policy #152) 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 this information will be treated 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 the findings of the Hearing Panel of the Senate Appeals Committee are final in this matter.

Signature of Appellant

Date

THIS FORM MUST BE FILED IN PERSON (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE) WITHIN TEN (10) WORKING DAYS OF RECEIVING THE YSGS DEAN'S LEVEL RESPONSE, BETWEEN 9:00 A.M. AND 4:30 P.M., WITH:

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