

RYERSON UNIVERSITY
Yeates School of Graduate Studies
ACADEMIC APPEAL – YSGS Level

PLEASE PRINT CLEARLY. Copies of all relevant documents , including those submitted at the program level, must be submitted as well as date-stamped copies of responses, dated e-mails and responses, and/or copies of postmarked envelopes.
Incomplete submissions will not be accepted.

DATE OF SUBMISSION: <i>Must be within 5 working days of decision at program level</i>		DATE STAMP	
TERM OF APPEALED GRADE OR STANDING: FALL WINTER SPRING/SUMMER		YEAR:	
STUDENT ID NUMBER:	PROGRAM:	DEGREE:	
SURNAME:		GIVEN NAME:	
EMAIL ADDRESS:		It is vital that you provide YOUR Ryerson email address, as this is how you will be contacted. Failure to check your email may result in missing important deadlines and information, and may jeopardize your ability to further appeal.	

GRADE APPEAL

ACADEMIC STANDING APPEAL

COURSE NUMBER:			STANDING:		
INSTRUCTOR:			GROUND	MEDICAL	
GROUND	PREJUDICE			COMPASSIONATE	
	MEDICAL			PROCEDURAL ERROR – describe fully in your attached letter	
	COMPASSIONATE				
	COURSE MANAGEMENT				
	PROCEDURAL ERROR – describe fully in your attached letter				

STATEMENT OF APPEAL:

SECTION A: ACTIONS TAKEN

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 dept/school, submit a medical certificate, receive or request a consideration, etc.

SECTION B: DESIRED OUTCOME

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

SECTION C: EXPLANATION OF GROUNDS

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?

LIST OF ATTACHMENTS

All claims you make should be completely documented, and copies of all relevant documents should be attached to this form, including but not limited to medical certificates, official documents, course policies, relevant class grades and course outlines, etc. Failure to provide pertinent documentation may jeopardize your appeal.

1.
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THE HEARING

The hearing will be conducted according to the Statutory Powers Procedure Act of the Province of Ontario.

If you intend to be represented or accompanied by an advocate or others, please complete the following:

NAME OF ADVOCATE:	STREET ADDRESS:
CITY	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS
Witness(es) (if any)	

Following the Hearing, you will be notified by email of the decision.

I have read and understood the Academic Consideration and Appeals Policy of the Yeates School of Graduate Studies of Ryerson University. I certify that the documents I 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 Code of Academic Conduct.

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.

Signature of Appellant

Date

This form must be filed in person (unless other arrangements have been made) within ten (10) working days of publication of grades, with:

Cathy Faye
Director of Academic Administration,
Yeates School of Graduate Studies
YDI 1112, One Dundas Street West
T: 416-979-5000 x7742
F: 416-979-5153
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