

**STUDENT CODE OF ACADEMIC CONDUCT  
RESPONSE TO NOTICE OF AUTOMATIC HEARING  
ACADEMIC INTEGRITY COUNCIL**

**PLEASE PRINT CLEARLY. INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED. YOU MUST PRESENT TWO COPIES OF YOUR COMPLETE APPEAL, IN PERSON, TO THE ACADEMIC INTEGRITY OFFICE (JOR-1231), BETWEEN 9:00 A.M. AND 4:00 P.M. THE SECOND COPY WILL BE DATE-STAMPED AND RETURNED TO YOU FOR YOUR RECORDS. FOR MORE INFORMATION, PLEASE CONTACT 416-979-5000 EXT. 3273 OR AIO@RYERSON.CA.**

**I understand that an Automatic Hearing of the Academic Integrity Council has been scheduled because:**

**[Check one]:**

- I have had two or more Disciplinary Notations (DN); therefore, I am on Disciplinary Suspension (DS).**
- There has been a recommendation of Disciplinary Suspension, Withdrawal or Expulsion.**

DATE OF SUBMISSION BY STUDENT:  
*(Must be within 10 working days of the receipt of notification)*

\_\_\_\_\_

This form was not submitted by the student. Page 1 was completed by the Academic Integrity Office.

**Date completed** \_\_\_\_\_

**STUDENT INFORMATION:**

STUDENT ID NUMBER:	PROGRAM AND YEAR (1 <sup>st</sup> year, 2 <sup>nd</sup> , year etc.):
SURNAME:	GIVEN NAME:
Check all that apply: FULL-TIME STUDENT <input type="checkbox"/> PART-TIME STUDENT <input type="checkbox"/> UNDERGRADUATE STUDIES <input type="checkbox"/>	
GRADUATE STUDIES <input type="checkbox"/> CERTIFICATE PROGRAM STUDENT <input type="checkbox"/> NON-CERTIFICATE PROGRAM STUDENT <input type="checkbox"/>	

**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 and buzzer numbers, if any):**

STREET:

CITY: POSTAL CODE:

TELEPHONE NUMBER: CELLPHONE NUMBER:

**Can we leave a voicemail at this number?**  Yes  No **Can we leave a voicemail at this number?**  Yes  No

RYERSON EMAIL ADDRESS *(As per policy, contact by Ryerson email constitutes official notification.):*

**REQUEST FOR A WAIVER OF HEARING:**

If you do not dispute the penalty or length of penalty if one has been recommended, then you have the right to waive a hearing, and the penalty will stand.

**I wish to waive an Automatic Hearing:**

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

**PREJUDICE<sup>1</sup> (check if applicable)-** You must be claiming that an instructor treated you differently based on one of the prohibited grounds, as outlined in the Human Rights Code (see check box below). You must supply evidence to support your claim and you must explain your claim in your letter to the Academic Integrity Council. 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 ARE REQUIRED. CHECK OFF THAT THEY ARE ATTACHED.**

Documents	<input checked="" type="checkbox"/>	List other documents included:
• Record of Meeting held for Discussion of Suspicion of Academic Misconduct		
• Decision Letter(s) from Instructor(s)		
• Letter to the Academic Integrity Council Disputing Penalty		

**NOTE:** The Academic Integrity Council hearing panel has the right to decide whether or not to accept any additional documents you provide at the hearing.

**If you intend to have an advocate or if you have any witnesses, you must complete the following:**

NAME OF ADVOCATE :	
TELEPHONE NUMBER:	EMAIL ADDRESS:
WITNESS (if you wish to bring a witness, please supply his/her information below. Please list any additional witnesses on the back of this form):	
NAME:	EMAIL ADDRESS:
To what will the witness be testifying? Give a brief summary of the witness' statement:	

**You will receive the decision of the Academic Integrity Council on 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 Academic Integrity Council 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, with the Academic Integrity Office, JOR-1231 (12<sup>th</sup> floor, Jorgenson Hall), between 9:00 a.m. and 4:00 p.m. For further information, contact: 416-979-5000 ext. 3273**

**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 misconduct 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 Academic Integrity Office, 350 Victoria St, Suite JOR-1231, Toronto ON M5B 2K3, 416-979-5000 Ext. 3273, or [aio@ryerson.ca](mailto:aio@ryerson.ca).

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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 |   |