**DEPARTMENT/SCHOOL OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [OR] FACULTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACADEMIC APPEAL DECISION**

**IN THE (GRADE/STANDING) APPEAL OF: (student name)**\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT** # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STUDENT’S PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT’S EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR (Course #)** **IN (term\*) (If a Grade Appeal) or**

**OF THE STANDING OF (RTW or PPW) FOR (Term\*) (If Standing Appeal)**

***(\*Term in which the student did not meet GPA requirement)***

**DATE OF DECISION LETTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECISION:** The (grade/standing) appeal is (**Granted/Denied) (Insert any comment about special conditions that may apply.)**

**PERSPECTIVE OF THE STUDENT:** (Outline the major points of student’s case, with enough detail to indicate all of the areas that were considered in the decision.)

**PERSPECTIVE OF THE INSTRUCTOR/SCHOOL/DEPARTMENT:** (Outline the major points made by the instructor/department/school, with enough detail to indicate all of the areas that were considered in the decision.)

**REASONS FOR THE DECISION:** (Outline the rationale that was used in coming to the decision. Show how all of the points were considered.)

**DECISION OUTCOME:** [Be clear as to the outcome of the decision (e.g. “As a result of the denial of this appeal, you will remain suspended from your program. As per policy, you will be dropped from all of the courses in which you are currently enrolled and you may apply for reinstatement for the fall 200\_ semester.”) Also state if there are any special conditions being required or suggested (e.g. “It is recommended that you seek assistance from the First-Year Engineering Office with regard to your future academic direction.”)]

If you believe you have grounds to appeal this decision to [the Dean of \_\_\_\_\_(for D/S decisions) OR Senate (for Faculty decisions)] you must do so within ten (10) working days of the date this letter was sent to you.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Decision-Maker or Chair**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name of Decision-Maker or Chair**

c.c.: Respondent/Instructor

 Chair/Director of student’s program

Program Director of student’s course/program (Chang School), if required

D. Bell, Manager, Student Records

 Senate at senate@ryerson.ca

*(revised March 2015)*