

University of Toronto Mississauga
ACADEMIC APPEALS SUBCOMMITTEE FORM



UNIVERSITY OF
TORONTO
MISSISSAUGA

PURPOSE: To appeal decisions of **Committee On Standing** on student appeals.

PROCESS: Submit this form with your appeal **within 90 days** of the date of the Committee on Standing's decision to Lisa Devereaux, Manager, Academic Integrity & Affairs at academicappeals.utm@utoronto.ca or by fax at (905) 828-3979.

FORMAT OF HEARING: The Academic Appeals Subcommittee hearing panel consists of no more than seven teaching staff members, and at least one undergraduate student representative. Once you have submitted your appeal, you will be contacted to schedule your appearance in front of the Subcommittee panel and will be required to present your case in person at a meeting convened to hear your case. Questions about this process may be directed to Lisa Devereaux, Manager, Academic Integrity & Affairs at academicappeals.utm@utoronto.ca or (905) 569-4284.

AT THE MEETING: It is your responsibility to convince the Subcommittee that due to circumstances beyond your control you should be exempt from an academic regulation that applies to all students. It is vital that you provide appropriate documentation that supports the reasons behind your appeal.

PRINT CLEARLY:

Student name: _____

Given/First Name

Family/Last Name

Mailing address: _____

City: _____ Province: _____ Postal code: _____

E-mail address: _____

Phone number: _____ Student number: _____

Type of Appeal:

Late withdrawal from _____ (full course code) _____ (session)

Suspension Lift: One Year Three-Year

Early Return from a Three-Year Suspension

Extension of time for _____ (full course code) _____ (session)

Deferral of Unwritten Final Exam for _____ (full course code) _____ (session)

Note: \$70 fee if granted

Exception to degree / distribution requirement: Specify _____

Other: Specify _____

Additional Documentation to support the appeal:

I will submit additional documentation to support my case (by fax at (905) 828-4284 or by e-mail at academicappeals.utm@utoronto.ca) and bring original copies to the meeting.

My file is complete and I do not wish to submit additional documentation.

Signature _____

Date _____

The University of Toronto respects your privacy. The information on this form and any personal health information that you provide as part of the academic appeals process is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering the petitions and academic appeals process through the Academic Appeals Subcommittee, and for the purpose of statistical reporting to government agencies. Please note that this information will be distributed to members of the Subcommittees in order for them to be able to arrive at a decision on your appeal. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building,