

[Your Name]
[Your Student ID]
[Your Address]
[City, Province, Postal Code]
[Email Address]
[Date]

Office of the Registrar
University of Toronto
[Department/Faculty Name]
[Office Address]
[City, Province, Postal Code]

Dear [Recipient's Name/Office of the Registrar],
Subject: Academic Appeal for [Course Name/Program]

I am writing to formally appeal my academic standing for [specify the course or assessment], which I believe warrants reconsideration due to [briefly state the reason for the appeal, e.g., extenuating circumstances, grading errors, etc.].

[Explain your situation in detail, providing relevant information such as dates, events that led to the issue, and any supporting evidence or documentation.]

I would appreciate the opportunity to discuss this matter further and seek a resolution. I have attached all pertinent documents, including [list any attached documents, such as transcripts, medical notes, etc.], to provide more context for my appeal.

Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Name]
[Your Student ID]