

Last Name: _____

Email Address: _____

First Name: _____

Student ID Number: _____

I am appealing the following grade and I am submitting this appeal within 30 days of receiving notification of my grade as noted below:

Course Name: _____

Instructor Name: _____

Assignment Name: _____

Date of Grade Notification: _____

An appeal of the assignment of grades on substantive grounds can be made when:

1. A student believes a grade for coursework was assigned on some basis other than academic achievement;
2. The published evaluation standards in the course syllabus differ from the evaluation standards applied to the assigned grade;
3. The evaluation standards applied to the assignment of the grade are unreasonable or differ from the evaluation standards described in the student manual for the course.

NOTE: Once the Faculty of Health Disciplines receives your form, the Graduate Program Chair will submit your request for review. If the request meets the requirement of having substantive grounds, a second marker will be assigned. The new marker has 30 working days to re-evaluate the assignment and process the appeal request. Once this process is completed, you will be notified of the outcome.

I understand that my assignment will be re-evaluated by another marker and my mark may be the same, lower, or higher than the original grade. I understand that the 2nd mark (as per the re-evaluation) is the final mark for my assignment and I accept the decision of the re-evaluation. I also understand that my final grade in the course will be based on the 2nd mark received as a result of this appeal.

I have discussed this with my Instructor: _____

Yes

No

Description of substantive grounds attached: _____

Yes

No

Signature: _____

Date: _____

Please do not send any assignments. Please submit your completed form/questions to fhdgradadmin@athabascau.ca.

FOR OFFICE USE ONLY:

____ ORIGINAL ASSIGNMENT GRADE

____ REVISED ASSIGNMENT GRADE

Date Received: _____

____ ORIGINAL FINAL GRADE

____ REVISED FINAL GRADE

Date Forwarded: _____

Name of 2nd Marker: _____ Signature: _____ Date: _____