Athabasca University

GRADUATE PROGRAMS

Appeal Request Form

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.

Once the Faculty of Health Disciplines receives your form, the your graduate Program Director 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.

☐ I have attached my description of substantive grounds.

Please do not send any assignments. Please submit your completed form to your Program Director.

I have read the applicable policies and understand that by submitting this form, I agree to its processing and any related fees as outlined. I further understand that any questions which I have relating to this form must be addressed prior to submission.

FOR FHD USE ONLY:

_____ ORIGINAL ASSIGNMENT GRADE _____ REVISED ASSIGNMENT GRADE Date Received: _____

_____ ORIGINAL FINAL GRADE _____ REVISED FINAL GRADE Date Forwarded: _____

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

This personal information is collected under the authority of the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). If you have any questions about the collection and use of this information, contact InternalFHDGradAdmin@athabascau.ca.

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