

3. AREA CHAIR COMPLETE this section and email to hsbdfedocs@haskayne.ucalgary.ca

The student has requested reappraisal of the term work in the course indicated above. Normally, Haskayne will respond to a request for reappraisal within 10 business days of its initiation. Upon completion of your reappraisal, fill in the fields below, sign, and return to the AD Undergraduate through the email above. A copy of this form will be returned to student.

Original Grade of Assessment: _____ Recommended Grade After Reappraisal: _____

Comments for the student, if any:

Area Chair Name: _____ Area Chair Signature: _____

Date: _____ (dd/mm/yy)

4. ASSOCIATE DEAN OR DESIGNATE

Original Grade Upheld

Assessment Grade Reappraised as _____ Comments for the student, if any:

Associate Dean Name: _____ Associate Dean Signature: _____

Date: _____ (dd/mm/yy)

Routing upon completion:

1. Instructor
2. Area Chair if Change of Grade Required, for final grade
3. Undergraduate Procedures Advisor
4. Student

Note: Students, the formal Haskayne Appeals Procedure may be found here for further background:
[Procedures of Appeals of Academic Assessment and Graded Term Work.](#)