

1. INSTRUCTIONS	
Students with sufficient academic grounds may re	
essay, test, midterm, etc.). Non-academic grounds	
	uctor/course coordinator within 10 business days of
5	t satisfied with the outcome, they can submit this
submitting this form that the grade being reappra	structor or coordinator. Students acknowledge by issue to a same
because of the reappraisal.	ised may be fulsed, lowered, of remain the sume,
2. STUDENT COMPLETE this section ar	nd email to https://www.nc.ucalgary.ca
The original term work must be submitted as part	
instructions for the term work when appropriate.	-
	[] Assessment & rubric on D2L or with instructor
Name of Assessment (eg. Lab 1, Assignment 2, Qu	ıiz 3):
Name:	
(Last)	(First)
Student ID #:	Email:@ucalgary.ca
Student's Faculty:	Instructor's Name:
Course Name & Number:	Section:
Date when notified about grade:	_ (dd/mm/yy) Date of discussion of term work with
[] instructor:(dd/mm/yy) [] course	coordinator, if applicable:(dd/mm/yy)
Where do you believe a mistake was made in the section with specific detail will result in this form a explanation, if required. Please note that accordin completing the requirements of the assessment is equivalent to a 'perfect' score, A letter grade of A requirements.	ng the <u>undergraduate grading system</u> , generally s considered satisfactory or good. It is not



3. AREA CHAIR COMPLETE this section and email to <u>hsbdfedocs@haskayne.ucalgary.ca</u>
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:
Associate Dean Name: Associate Dean Signature: Date: (dd/mm/yy)
Date: (dd/mm/yy) Routing upon completion:
Date: (dd/mm/yy) Routing upon completion: 1. Instructor
Date: (dd/mm/yy) Routing upon completion: 1. Instructor 2. Area Chair if Change of Grade Required, for final grade
Date: (dd/mm/yy) Routing upon completion: 1. Instructor 2. Area Chair if Change of Grade Required, for final grade
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:
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