



### Request for Re-assessment of an In-Course Piece of Work or Final Exam

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If you have discussed your concerns with the Professor and Program Co-ordinator of your course and you believe the assessment is not accurate, you may request a formal re-mark of the piece of work, providing that:

- a) the test or assignment in question is worth at least 20% of the final mark; and,
- b) you have failed the test or assignment or you believe that there is a major discrepancy of at least 10%

To initiate a formal request for a re-assessment, submit this form to the Associate Dean of the School responsible for delivering your course within 10 days of the release of the grade.

For a description of the complete process and procedure, please refer to Section 18.1.a of the *Admission Requirements and Academic Regulations*.

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**To be completed by the student:**

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Date of Birth (YYYY/MM/DD) \_\_\_\_\_ Email \_\_\_\_\_

Course Name and Number \_\_\_\_\_

Professor \_\_\_\_\_ Program Coordinator \_\_\_\_\_

Name of Assignment or Test \_\_\_\_\_

Reason for Request (please attach details and documentation on a separate piece of paper) \_\_\_\_\_

I have discussed the grade with my Professor and Program Co-ordinator and I wish to proceed to request a formal re-assessment. I agree that the Associate Dean will ask two faculty members, other than the professor of my course to independently assess my work according to the criteria established in the course outline. The grades and comments assigned by the professor of the course will be removed before the piece of work is submitted for the independent assessment.

The average of the grades assigned by the two independent assessments will be the grade for the piece of work or exam. I understand that this grade may be higher, lower, or the same as my original grade.

The grade will be final and is not subject to any further appeal except for reasons of breach of process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by the Associate Dean of the School:**

Name of Associate Dean \_\_\_\_\_

Academic School \_\_\_\_\_

Date Review Conducted \_\_\_\_\_

Decision and Rationale (please attach a separate sheet)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: The School should keep a copy of the decision and advise the Registrar's Office if the grade is changed