

Grade Review Application

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

- a) The test or assignment in question is worth at least 20 per cent of the final mark.
- b) You have failed the test or assignment, or you believe that there is a major discrepancy of at least 10 per cent.

To initiate a formal request for reassessment, submit this form to the Associate Dean of the Faculty responsible for delivering your course within ten (10) days of the release of the assignment grade.

For a description of the complete process and procedure, please refer to Section 18.1 of the *Admission Requirements and Academic Regulations* at humber.ca/academic-regulations.

To be completed by the student:

Full Name: _____

Student Number: N _____

Email: _____

Telephone #: _____

Course Name: _____

Course Number: _____

Professor: _____

Program Coordinator: _____

Name of Assignment or Test: _____

Reason for Request - please attach the following:

- A written statement outlining the basis for the request/review.
- Any supporting documentation that supports your request.

I have discussed the grade with my Professor and Program Coordinator and I wish to proceed to request a formal reassessment. I agree that the Associate Dean will ask two faculty members, other than the professor of my course to individually reevaluate the assignment/exam/paper, based on established criteria as outlined in the assignment. 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.

Student Signature: _____

Date: _____

To be completed by the Associate Dean:

Name of Associate Dean: _____

Faculty: _____

Decision: New Grade _____ Grade to remain unchanged _____

Date Review Conducted: _____

Reason for Decision – please attach a separate sheet.

Signature: _____

Date: _____

Note: The Faculty should keep a copy of the decision and advise the Office of the Registrar if the grade is changed.