

Request for and Report of Re-Assessment
(Appeal at the level of Department or Non-departmentalized College)

- This application is to be completed **only after** informal consultation with the instructor(s) responsible for evaluation has taken place and the student remains unsatisfied with the results. The completed report of re-assessment should be returned to the department head or dean (non-departmentalized college), who will complete it and submit to the Registrar.
- This application must be submitted along with the required fee (as set by the Registrar) to the department or non-departmentalized college offering the course which is the subject of the request, as soon as possible, but no later than 30 days after the results of the assessment under review have been provided to the student. If the grade in the course or course component is increased at least 5 percentage points, or from a Fail to a Pass, as a result of the re-reading, the fee will be refunded. Students should be aware that a grade may be reduced as the result of a re-assessment.

APPLICATION FOR RE-ASSESSMENT		
Name:	Student number: NSID:	
Address (Street, City, Postal Code):	Telephone: Email:	
Formal re-assessment requested in: Course name/number		Section:
Instructor(s):		
Formal re-assessment requested for (check where applicable):		
<input type="checkbox"/> Final examination	Date Written	
<input type="checkbox"/> Midterm examination	Date Written	
<input type="checkbox"/> Essay	Due Date	
<input type="checkbox"/> Term Work	Due Date	
<input type="checkbox"/> Laboratory	Due Date	
<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Date of informal consultation with the instructor(s) _____ OR		
<input type="checkbox"/> I was not able to consult with the instructor(s) (provide reason)		
Specific nature of the complaint (The student must specify precisely the nature of the complaint, failing which this form may be returned for more information. Use the reverse of sheet if additional space is required):		
Date:	Signature of student:	
REPORT OF RE-ASSESSMENT. (The re-assessor should not be aware of the original mark)		
Re-assessor's Mark ()	Comments : (attach separate sheet)	
Date:	Signature of Re-Assessor:	
To be completed by department head once the report from the re-assessor is received.		
Results: Original Mark ()	<input type="checkbox"/> Change to: ()	<input type="checkbox"/> No Change
Final Grade ()	<input type="checkbox"/> Change to: ()	<input type="checkbox"/> No Change
Signature of dean, department head or executive director: <i>Submit to Registrar when completed.</i>		