

GRADUATE PROGRAMS Appeal Request Form

Last Name:		Email Address:		
First Name:	Student ID Number:			
I am appealing the following grade and I am subm	nitting this a	appeal within 30 days o	f receiving notificati	on of my grade
as noted below:	menig ems e	appear within 30 days o	Treceiving notificati	on or my grade
Course Name:		Instructor Name:		
Assignment Name:		Date of Grade Notification:		
 An appeal of the assignment of grades on substan A student believes a grade for coursework The published evaluation standards in the assigned grade; The evaluation standards applied to the a standards described in the student manual standards described in the standards described in the standards described in the standards described in the standards described in th	k was assigned course syll assignment of all for the course syll all for the course syll all for the course evaluate the course evaluated of that the 2 ere-evaluated ere-	ned on some basis other labus differ from the exported by the grade are unreasing substantive grounds, the assignment and propose. by another marker and propose the reston. I also understand	valuation standards sonable or differ from the contract of the	applied to the m the evaluation it your request for ill be assigned. Just. Once this he same, lower, or al mark for my
I have discussed this with my Instructor:		Yes	No	
Description of substantive grounds attached:		Yes	No	
Signature:		Date:		
Please do not send in any assignments . Please su	bmit your c	completed form or any	questions to us at:	
NURSING & HEALTH STUDIES PROGRAMS Email: cnhsgrad@athabascau.ca OR		COUNSELLING PROGRAMS Email: gcapadmin@athabascau.ca		
FOR OFFICE USE ONLY:				
ORIGINAL ASSIGNMENT GRADE REVISED AS		ASSIGNMENT GRADE	Date Received:	
ORIGINAL FINAL GRADE REVISED FIN		FINAL GRADE	Date Forwarded:	
Name of 2 nd Marker: Signature		ıro:	Date	