

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

I am appealing the following grade and I am submitting this appeal within 30 days of receiving notification of my grade as noted below:

Course Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Assignment Name: \_\_\_\_\_

Date of Grade Notification: \_\_\_\_\_

An appeal of the assignment of grades on substantive grounds can be made when:

1. A student believes a grade for coursework was assigned on some basis other than academic achievement;
2. The published evaluation standards in the course syllabus differ from the evaluation standards applied to the assigned grade;
3. The evaluation standards applied to the assignment of the grade are unreasonable or differ from the evaluation standards described in the student manual for the course.

**NOTE:** Once the Faculty of Health Disciplines receives your form, the Graduate Program Chair will submit your request for review. If the request meets the requirement of having substantive grounds, a second marker will be assigned. The new marker has 30 working days to re-evaluate the assignment and process the appeal request. Once this process is completed, you will be notified of the outcome.

I understand that my assignment will be re-evaluated by another marker and my mark may be the same, lower, or higher than the original grade. I understand that the 2<sup>nd</sup> mark (as per the re-evaluation) is the final mark for my assignment and I accept the decision of the re-evaluation. I also understand that my final grade in the course will be based on the 2<sup>nd</sup> mark received as a result of this appeal.

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 submit your completed form or any questions to us at:

NURSING & HEALTH STUDIES PROGRAMS  
Fax: 780-675-6468  
Email: [cnhsgrad@athabascau.ca](mailto:cnhsgrad@athabascau.ca)

**OR**

COUNSELLING PROGRAMS  
Fax: 780-421-5046  
Email: [gcapadmin@athabascau.ca](mailto:gcapadmin@athabascau.ca)

FOR OFFICE USE ONLY:

\_\_\_\_\_ ORIGINAL ASSIGNMENT GRADE      \_\_\_\_\_ REVISED ASSIGNMENT GRADE      Date Received: \_\_\_\_\_

\_\_\_\_\_ ORIGINAL FINAL GRADE      \_\_\_\_\_ REVISED FINAL GRADE      Date Forwarded: \_\_\_\_\_

Name of 2<sup>nd</sup> Marker: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_