Reappraisal of Final Exam Request (or Equivalent)



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Reappraisals are coordinated by the Team Lead of the programming unit in consultation with members of the staff. An application to apply for a reappraisal must be made in writing to the programming unit of the course. The student must apply within ten (10) days of the date* the grade is posted. *Refer to Student Service Centre for dates.

For more information, refer to the Online and Continuing Education Extension Grade Appeal and Reappraisal Procedures.

Instructions: Submit completed form along with the written request to the Team Lead

| instructions. Submit Co | ompieted form | along | with the v | wiitteiri | equest | o tile re | ani Leau | | | | | | |
|--|---|-------------------------|----------------------------|--------------------------|--------------------------------|-------------------------|---|---------------------------------|--------------------|----------------------------|-----------------------|-----------------------------------|----|
| Documentation rece | ived - Date (M | M/DD/ | YY): | | | | | | | | | | |
| | | | | | FOF | OFFIC | E USE ONLY | | | | | | |
| | | | | ID | | | Program | | | | | | |
| | | | | | | | | | | | | | |
| Personal Information | | | | | | | | | | | | | |
| First Name | | | Middle | Name | | | | Last Na | ime | | | | |
| | | | | | | | | | | | | | |
| Date of Birth MM/DD/YY | | | Phone | Cell | Work | Home | Email Address | | | | | | |
| Mailing Address | | Cit | y/Town | | | | | Province/Stat | :e | | Postal/ | Zip Code | |
| J | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Course Information | | | | | | | | | | | | | |
| Class Number (optional) | Sı | ubject Co | ode | | | Cours | e Number | | | Section | | | |
| | | | | | | | | | | | | | |
| Course Title | | | | | | | | Instructor | | | | | |
| I have met with the instructo | or to Team Lead reg | arding th | ne final exar | nination, o | or equivale | nt, and am | n unable to resolv | ve the issue(s). | | | | Yes | No |
| I have attached a letter indicating my reasons for requesting a reappraisal. | | | | | | | | | Yes | No | | | |
| I am aware that the mark given | ven on the reapprais | sal of the | examinatio | on will rep | lace the or | ginal mar | k. | | | | | Yes | No |
| I understand that the reappr | aisal process appli | es only to | o final exam | ıs (or equi | valent). | | | | | | | Yes | No |
| I understand that the result | of this reappraisal is | s final an | nd cannot be | e appealed | d. | | | | | | | Yes | No |
| Payment Information - | • The Peannraigal fo | مط النسمة | a paid by: | | | | | | | | | | |
| • | | ee wiii be | | | | | | | | | | | |
| MONEY ORDER CHE Make money orders or chegu | EQUE | 14 | INVOICE f amplayor i | a ta ba in | مام الممنور | oo inalud | e a Letter of | U | of A S | taff: IND | ENT | | |
| payable to the University of A | | А | Authorizatio | n (LOA) or | n company | letterhea | d, or an authorize hority (not stude | | | | | | |
| A Request for Reappraisal of the Student Service Centre. T coordinate payment. | Final Exam (or Equi he Student Service | ivalent) c Centre is | can be subn s open from | nitted by n 8:15 a.m. | nail, electro . to 4:15 p.r | onically th m. Monda | rough the form s y to Friday, and 1 | ubmission pag 0 a.m. to 4:15 | e at ua p.m. or | ıb.ca/ask or n Wednesda | dropped y. We will | off in person a contact you to | t |
| Please note: Your request for | reappraisal will not | t be finali | i ed until pa | yment has | s been rece | ived. | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Student's Signature | | | | | | Date | e (MM/DD/YYYY) |) | FO | R OFFICE | USE O | NLY | |
| | | | | | | | | | REC | CEIPT# | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Protection of Privacy — Personal information provided is collected in accordance with Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the purpose of processing student requests by the University of Alberta. Should you require further information about collection, use and disclosure of personal information, please contact the Assistant Registrar, Enrolment Services at ropriv@ualberta.ca. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

Revised March 2025

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| OR OFFICE USE ONLY | | | | |
|---|--------------------------|-----------|----------------------|------------|
| First Name | | Last Name | | Student ID |
| | | | | |
| Course | | | | |
| | 1. | | | |
| he result of the reappraisa No change in final grade | ☐ Change of final grade: | | | |
| | | | | |
| The Student was notified on: | | | SSC was notified on: | |
| | | | | |
| Additional Notes: | | | | |
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| . | | | | |
| Signature: | | | Date Completed: | |

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