UNDERGRADUATE PROGRAMS GRADE RECONSIDERATION FORM

STUDENT NAME ________________________ STUDENT # __________
PHONE# ___________________________ EMAIL: ______________________

All student requests for grade reconsideration will be reviewed by the Director of Undergraduate Programs.

** Grade Reconsideration: A clear statement is required explaining the grounds for reconsideration together with appropriate documentation (i.e. assignments, projects, etc.). See Policy T20.01.

INSTRUCTIONS:
1. Meet with the course instructor to discuss your grade. If no satisfactory resolution occurs, proceed to Step 2.
2. Please print clearly, sign & date this form.
3. Attach a copy of your ADVISING TRANSCRIPT available from the Student Information System
4. Attach any other supporting documents as necessary
5. Submit the completed forms and transcript to the Undergraduate Programs Director, Office of Undergraduate Programs, Faculty of Education, Room 1010, Discovery 1.
6. You will be notified via email on the outcome of your request.

Purpose of Appeal: ______________________________________________________________________

Give details (clearly state what you wish to accomplish and the grounds for reconsidering the course grade):
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Student Signature: ___________________ Date: __________________

Director’s Decision:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

UGP Director Signature: ___________________ Date: __________________