REQUEST FOR REAPPRAISAL OF A FINAL EXAMINATION



Faculty of Kinesiology, Sport, and Recreation Student Services 3-134 University Hall, Van Vliet Complex Edmonton, Alberta, Canada T6G 2H9 Tel: 780.492-5604 Fax: 780.492-6548

Student

TO BE COMPLETED BY THE STUDENT PRIOR TO THE INITIATION OF THE FORMAL REAPPRAISAL PROCEDURE

rece	ote: Students must consult with the course instructived by the Associate Dean (Undergraduate Priversity Regulations and Information for Students	rograms) by	the deadline	es stipulated in the	UAlberta (Calendar	
Naı	me: Student	t ID#:	UAlb	UAlberta Email:			
Ada	ldress:						
Cit	ty: Prov	vince:		Postal C	Postal Code:		
Pho	one: Pho	one (alternate):				
Соі	ourse:	Term:					
1	Language shot the month since on the mann	unical of the		will moule so the	YES	NO	
1.	I am aware that the mark given on the reapporiginal mark.	raisal of the	examinatior	will replace the			
2.	I understand that the reappraisal fee will be refunded to me should my appeal be successful. If my appeal is not successful, the reappraisal fee will not be refunded to me.						
3.	I understand that the reappraisal fee must be paid through Financial Services within fourteen days of my application.						
4.	I understand that the reappraisal process applies only to final exams (i.e. not applicable to papers).						
5.	I understand that I cannot appeal the result	of a reapprai	sal (i.e. the 1	result is final).			
Da	nted:	Signatu	re:				

REQUEST FOR REAPPRAISAL OF A FINAL EXAMINATION



Faculty of Kinesiology, Sport, and Recreation Student Services 3-134 University Hall, Van Vliet Complex Edmonton, Alberta, Canada T6G 2H9 Tel: 780.492-5604 Fax: 780.492-6548

To be completed by the Associate Dean (Undergraduate Programs)

1.	I have received a clean copy of the final examination for reappraisal (if applicable).	YES	NO
2.	I have received the original marked copy of the final examination.		
2.	The reappraisal will be completed by:	Date:	
3.	The time period for the reappraisal will be:		
4.	Result of the reappraisal is:		
5.	Student notified:	YES	Date:
6.	Faculty member notified:	YES	Date:
Dat		ssociate Dean (Und	ergraduate Programs)
	Printed Name:		

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33 (c) of the <u>Alberta Freedom of Information and Protection of Privacy Act</u> and will be protected under Part 2 of that Act. It will be used for the purpose of program administration by the Faculty of Kinesiology, Sport, and Recreation. Direct any questions about this collection to: UAlberta, Faculty of Kinesiology, Sport, and Recreation, FOIP Advisor, 3-107 University Hall, Van Vliet Complex, Edmonton, AB 780-492-0720