

REQUEST TO REVIEW A GRADE OR PRACTICUM



Faculty of Kinesiology, Sport, and Recreation
 Student Services
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TO BE COMPLETED BY THE STUDENT PRIOR TO THE INITIATION OF THE FORMAL REAPPRAISAL PROCEDURE

Name: _____ Student ID#: _____ UAlberta Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Phone (alternate): _____

Course: _____ Term: _____

Degree Program: _____

		YES	NO
1.	I have met with my instructor who assigned the mark.		
2.	I am unable to resolve the issue(s).		
3.	I have notified the instructor of the request for review.		

My grounds for appeal are as follows (explain all grounds for this appeal below; additional pages and supporting documentation may be attached):

I am requesting that I be granted the following relief:

Dated: _____

Signature: _____
 Student

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* 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