

APPENDIX 1
FACULTY OF MEDICINE & DENTISTRY
INFORMAL FINAL GRADE APPEAL

This form is to be used when an undergraduate or graduate student is initiating an informal grade appeal, as set out in Section 2.2.3 of the *Faculty of Medicine & Dentistry Academic Appeals Policy for Undergraduate and Graduate Students*.

Information to be Completed by the Student:

Student must contact 1st level Decision Maker within **ten (10) Working Days** of the final grade being posted.

Student's Name:	
Student's Email Address:	
Student's Program of Study:	
Course Name and Number:	
Date Grade Posted:	
Name of 1 st level decision maker:	
Date Student contacted 1 st level decision maker:	
Signature:	

Information to be Completed by the 1st Level Decision Maker:

Provide decision to the student, normally, within **five (5) Working Days** of meeting to review the grade.

Name of 1 st Level Decision Maker:	
Position:	
Email Address:	
Review and Grant or Deny Request/Reason(s)	
Date:	
Signature:	

Information to be Completed by the Student:

If matter is not resolved and the student wants to pursue the matter further, the Student will need to make an appointment with the 2nd level decision maker. The Student will need to arrange this appointment within **ten (10) Working Days** of the deemed receipt of the decision from the 1st level decision maker. At each level the Student is to take this form with them to the meeting.

Name of 2 st level decision maker:	
Date Student contacted 2 nd level decision maker:	
Student's Signature:	

Information to be Completed by the 2nd Level Decision Maker

Provide decision to the student, normally, within **five (5) Working Days** of meeting to review the grade.

Name of 2nd Level Decision Maker:	
Position:	
Email Address:	
Review and Grant or Deny Request/Reason(s)	
Date:	
Signature:	

Information to be Completed by the Student:

If matter is not resolved and the student wants to pursue the matter further, the Student will need to make an appointment with the 3rd Level decision maker. The Student will need to arrange this appointment within **ten (10) Working Days** of the deemed receipt of the decision from the 2nd Level decision maker. At each level the Student is to take this form with them to the meeting.

Name of 3 rd Level decision maker:	
Date Student contacted 3 rd Level decision maker:	
Student's Signature:	

Information to be Completed by the 3rd Level Decision Maker

Provide decision to the student, normally, within 5 working days of meeting to review the grade.

Name of 3 rd Level Decision Maker:	
Position:	
Email Address:	
Review and Grant or Deny Informal Appeal/Reason(s)	
<p>If the matter is not resolved, the student is hereby advised of their right to formally appeal the decision to the Faculty Academic Appeals Committee within fifteen (15) working days of the deemed receipt of this decision.</p> <p>Appeals, including supporting documentation, must be submitted to the Office of the Vice-Dean, Education in the Faculty of Medicine & Dentistry, 2J2 Walter C. Mackenzie Centre.</p> <p>Students have the right to an Advisor who may assist them in preparing their appeal. Please consult the University Governance website for Sources of On-Campus Assistance.</p> <p>https://www.ualberta.ca/governance/index.html</p>	
Indicate Method of Delivery Used: (mail and date sent; date of hand-delivery; when using courier, date received by student, date email sent)	
Date:	
Signature:	

This form is to be filed by the final decision maker with the appropriate office where the Student’s program is managed, and a copy is to be provided to the Student.