

## Request for Grade Review

*Prompt and constructive feedback is critical for student learning. (Policy 5, 3.4.6)* The grade review process ensures that a grade is a fair and equitable reflection of the quality of the work submitted.

It is very important that a student understands the grade they received **as soon as possible** to assist further learning in the course. A student who wishes to review a grade must **adhere to the timelines** outlined in the procedure below. Only a review of a final evaluation activity, or the appeal of a review undertaken during the course, may take place at the end of the course.

It is recommended that the student meets with their **Academic Advisor** in Student Services to review their situation and grade review procedure.

**Please note:** The outcome of a grade review can increase, decrease or maintain the originally assigned grade.

### Grade Review procedure:

**Step 1:** The student requests a meeting with the teacher **within one (1) calendar week** of receiving the graded evaluation or grade in Omnivox. If an agreement is reached, the teacher changes the grade in Omnivox.

**Step 2:** If an agreement is not reached in Step 1, the student may request a grade review with the Coordinator (or designate) **within one (1) calendar week** of meeting with the teacher.

The Grade Review Form (overleaf), evaluation, and messages exchanged between the student and the teacher about the review, are submitted to the Coordinator at the time the request is made.

The Coordinator (or designate) reviews the case with the student and teacher **within two (2) calendar weeks** of receiving the request (or **one (1) calendar week** for AEC students or students in compressed courses). If an agreement is reached, the teacher changes the grade in Omnivox. The Coordinator submits the forms and documentation to Academic Services.

**Step 3:** If an agreement is not reached in Step 2, the Coordinator advises the student of the right to appeal. The appeal must be addressed to Academic Services **within one (1) calendar week** of the final grade being posted in Omnivox.

If an appeal request is approved, Academic Services forwards the documentation (previously submitted in Step 2) to the Coordinator and requests that a three-person Grade Review Committee<sup>1</sup> is struck to review the case.

The Committee returns their decision and documentation to Academic Services **within one (1) calendar week** of receiving the request.

Academic Services notifies Student Services, who changes the grade, if appropriate, and advises the student and the Academic Advisor of the outcome.

Student Services is responsible for retrieving a final exam/evaluation activity for review.

Academic Services, ensures that all documentation is forwarded to Student Services at the end of the semester for retaining on the Student's file.

<sup>1</sup> **Grade Review Committee:** The department concerned establishes a three-person review committee in accordance with Article 8-1.02 of the Teachers' Collective Agreement. The committee's decision is final.

## REQUEST FOR GRADE REVIEW

Name: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Course: \_\_\_\_\_ Course #: \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Grade Received (%): \_\_\_\_\_  
 Date grade received: \_\_\_\_\_ Discussed with teacher: \_\_\_\_\_  
day/month/year day/month/year

Evaluation attached  Email/MIO exchange with teacher attached

Date review requested with the Coordinator: \_\_\_\_\_  
day/month/year

Please explain why you are requesting a review of your grade: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please explain why you are not satisfied with the outcome of the discussion with your teacher: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>TO BE COMPLETED BY THE COORDINATOR/REVIEW COMMITTEE</b>
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Course Weighting: Semester _____ %	Final Evaluation Activity _____ %
Grade Breakdown: Semester _____ %	Final Evaluation Activity _____ %
Re-assessed grade: _____ %	
Comments: _____ _____ _____	
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____

<b>TO BE COMPLETED BY ACADEMIC SERVICES</b>
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Date student initiated appeal: _____ <span style="margin-left: 250px;">day/month/year</span>
Appeal approved <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____
Coordinator advised to establish Grade Review Committee: _____ <span style="margin-left: 450px;">day/month/year</span>

<b>TO BE COMPLETED BY STUDENT SERVICES</b>
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Date received: _____	Date corrected: _____
<span style="margin-left: 100px;">day/month/year</span>	<span style="margin-left: 100px;">day/month/year</span>
<input type="checkbox"/> Letter sent to student <input type="checkbox"/> Academic Advisor notified           By: _____	
<input type="checkbox"/> RCS re-transmitted <input type="checkbox"/> OSA assessed <input type="checkbox"/> OSA transmitted (if needed)	

**CAREFULLY READ INSTRUCTIONS ON THE BACK OF THIS FORM**