

Reassessment Form

UNIVERSITY OF SASKATCHEWAN
Request for and Report of Reassessment
(Appeal at the level of Department or Non-departmentalized College)

- *This application is to be completed **only after** informal consultation with the instructor(s) responsible for evaluation has taken place and the student remains unsatisfied with the results.*
The completed report of reassessment should be returned to the department head or dean (non-departmentalized college), who will complete it and submit to the Registrar. If a graduate student, the dean of the resource college, defined as the college where the student is physically situated, must also be provided with a copy in addition to the dean of the College of Graduate and Postdoctoral Studies.
- *This application must be submitted along with the required \$20 fee (as set by the Registrar) to the department or non-departmentalized college offering the course which is the subject of the request, as soon as possible, but no later than 30 days after the results of the assessment under review have been provided to the student. If the grade in the course or course component is increased at least 5 percentage points, or from a Fail to a Pass, as a result of the reassessment, the fee will be refunded.*

Students should be aware that a grade may be reduced as the result of a reassessment.

APPLICATION FOR REASSESSMENT	
Name:	Student number: NSID:
Address (<i>Street, City, Postal Code</i>):	Telephone: Email:
Formal reassessment requested in: <i>Course name/number</i>	Section:
Instructor(s):	
Formal reassessment requested for (<i>check where applicable</i>):	
<input type="checkbox"/> Final examination	<i>Date Written</i>
<input type="checkbox"/> Midterm examination	<i>Date Written</i>
<input type="checkbox"/> Essay	<i>Due Date</i>
<input type="checkbox"/> Term Work	<i>Due Date</i>
<input type="checkbox"/> Laboratory	<i>Due Date</i>
<input type="checkbox"/> Other (<i>specify</i>)	
<input type="checkbox"/> Date of informal consultation with the instructor(s) _____ OR	

I was not able to consult with the instructor(s) (provide reason)

Specific nature of the complaint (*The student must specify precisely the nature of the complaint, failing which this form may be returned for more information. Use the reverse of sheet or attach a sheet if additional space is required*):

Date:

Signature of student:

REPORT OF REASSESSMENT. (The reassessor should not be aware of the original mark)

Reassessor's Mark ()

Comments : (attach separate sheet)

Date:

Signature of Reassessor:

To be completed by department head once the report from the reassessor is received.

Results: Original Mark ()

Change to: ()

No Change

Final Grade ()

Change to: ()

No Change

Signature of dean, department head or executive director:

Submit to Registrar when completed.