** Notice of Reassessment Challenge**

**Form70C**

**It is the student’s responsibility to ensure that this form is completed fully and all necessary  
documents are included.  
Failure to submit complete material may result in rejection of your request.**

**This form is used to begin the formal reassessment procedure under Policy 70. Note: the grade assigned following the reassessment shall be the *final* grade; it may be higher or lower than the contested grade, or it may remain the same.** Resources to advise students include the Registrar’s Office, Graduate Studies Office, Conflict Management and Human Rights Office, Student Resource Office, Secretariat and Faculty Undergraduate and Graduate offices.

The completed form with supporting documentation is to be submitted to the Chair/Director of the Department/School offering the course **within 10 working days** of receiving the response to the request or, if there was no timely response, within 10 days of when the response was due. If the original assessment of the work was completed by that individual, this form is to be submitted to the Dean of the Faculty.

**Student Information:**

**Last Name:**

**First Name:**

**ID Number:**

**Faculty:**

**Program:**

**Local Contact Information:**

**Street Address:**

**City:**

**Postal Code:**

**Email Address:**

**Telephone Number:**

Note: It is the student’s responsibility to immediately report any change to this contact information.

**Written responses to the following items must be provided below or typed on additional sheets.**

**Name and title of the individual consulted during the Request stage:**

**Course information**Identify the instructor, the course (e.g., Jones, Psych 101, fall 20xx) and the piece of work involved.

**Basis for Reassessment Request**Explain how you think the original assessment to be incorrect/unfair. Specify parts of the work to assessed, if appropriate.

**Documentation**Choose one:

|  |  |
| --- | --- |
|  | I have attached a copy of the piece of work to be reassessed. |
|  | The piece of work is not in my possession and can be obtained from the instructor. |

**I confirm that:**

1. **I have read and I understand Policy 70 – Student Petitions and Grievances.**
2. **I certify that any documents I have submitted are authentic and that the statements I have made are true.**
3. **I may be contacted at the address, telephone number and email address given above.**
4. **I will immediately report any change to my contact information.**
5. **I will check my email frequently and respond promptly.**

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_