STUDENT SERVICES



Request for Term Work Grade Appeal

Detailed information on appealing an assigned term work grade is provided online: <u>umanitoba.ca/extended-education/student-supports</u>
Payment of **\$50.00** is required for each term work grade appeal. Please include a **Payment Form** with this submission.

THIS SECTION TO) BE COMPLETED E	BY THE STUDENT					
Student Last Name:			First (Given) Nar	First (Given) Name:			
Student Number:			Date of Birth (yy/mm/dd):				
Course Name:							
Subject Code:			Course Number	:			
Section Number:			CRN:				
Instructor Name:			Grade:				
Course taken in:	Fall 20	Winter 20	Summer 20				
	Intensive program	n packages (ABA, ABM, AHRM)	Flexible programs	Other			
My reason for making t	his appeal is: <i>(Attach ad</i>	lditional pages if needed. Be speci i	fic - "I thought I did better	" or " I need o	a better grade" is not :	sufficient.)	
	•	with the above instructor on: work material (exam script, lab re	port, etc.), and I have read an	date nd understood	d the instructions provid	, led.	
Signature:			Date:				
final grade. Your personal	information will not be us	ne authority of <i>The University of Manitol</i> sed or disclosed for other purposes, un acy Office (tel. 204-474-9462), 233 Eli	less permitted by The Freedom (of Information a	and Protection of Privacy Ac		
PROGRAM DELIV	/ERY RECEIPT:						
This appeal was receive	ed on		, by				
		date			sig	nature	
THIS SECTION FO	OR OFFICE USE ON	LY					
Assigned Grade:			Does not cl	nange or	Changed to:		
Comments:							
Signature of endorsement by Course Instructor and/or Consultant:						Date:	
Comments:							