ACADEMIC SERVICES
REQUEST FOR A RE-EVALUATION

Student Information:
Name: _____________________________  Student number: ______________________
Address: ________________________________________________________________
Current email: ____________________________________________________________

Course Information:
Semester: ________________________________             Final grade obtained: ______
Title of course: ____________________________            Course number: ____________
Teacher: ________________________________             Date: ______________________

6.1 APPEAL

An Appeal is defined as an application for the reconsideration of an academic judgment or decision made by a teacher or administrator.

Examples would include, but are not limited to, such things as:
• the grade on an assignment or other work;
• the final course grade;
• a decision regarding a request for a course equivalence; and
• a decision regarding an accusation of cheating or plagiarism.

6.2 ACADEMIC APPEALS

In keeping with the underlying principles of this policy, a final course grade is assigned to a student by teachers exercising their professional responsibilities and expertise in evaluating student achievement of course competencies. The appeals procedure of the final grade for a course is regulated by the Collective Agreements between the government of Québec and the unions representing teachers. The collective agreements stipulate the creation of a Mark Review Committee, consisting of three teachers from the department involved including the teacher of the course concerned, who reconsiders the students’ final mark. The composition of the Committee may vary in the Continuing Education sector.
REQUEST FOR A RE-EVALUATION

REASONS for the request:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Date: _______________________ Student’s signature: ________________________________

This request for a re-evaluation will be transmitted to your teacher and to the Department Coordinator. Once the review committee meets, you will be informed of its decision by email.

REVIEW COMMITTEE:

As per the Collective Agreement, the following three teachers made up the Review Committee:

_________________________________________
_________________________________________
_________________________________________

Date of Meeting: __________________________

RE-EVALUATION VERDICT:

- The mark will remain the same: _________
- The mark granted will be changed to: _____ %

Comments:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Department Coordinator