

# Faculty Final Grade Review Request Form

Academic Department  
2nd Floor - 1462 Granville St.  
Vancouver, BC V6Z 1N2  
Email: [academic.department@myucwest.ca](mailto:academic.department@myucwest.ca)

Date Received: (office use only)

*Use this form if you are applying for a final grade review from a faculty member.*

Today's Date (YYYY-MM-DD):

Student #:

Last Name (Surname):

Given Names:

UCW Portal Email Address:  
(@myucwest.ca)

Course Code & Section:  
(e.g. MBAF 502-SUMMER-02)

Instructor Name:

Course Name:

***NOTE: This is the first stage of the Final Grade Review Process once final grades have been submitted by your instructor. You may not submit a request for a final grade review to the Department Chair until you have completed this stage of review with your instructor. Final Grade Review Requests must be submitted directly to your instructor within 10 days after the end of the term.***

Enter the review/appeal information in the space provided below. If you need additional space, please attach a separate Word document with the questions clearly indicated.

1. A Final Grade Review Request must be based on one or more of the grounds listed below. Please click on the box(es) indicating the grounds for your review request.

significant error in the assessment, evaluation, determination and/or calculation of the final grade or individual components of the course;

credible claims of bias or discrimination on the part of the Faculty Member and/or Department Chair; or

failure by the Faculty Member to follow the evaluation details stated in the course syllabus

2. What was the grade awarded or the penalty imposed? *(Please note that you cannot use the grade review request form to appeal an AIR.)*

3. Provide a clear and concise summary of the decision(s) which you wish to have reviewed.

4. Outline the specific steps to date you have taken to resolve this issue: *(Please provide specific dates and details and include the names of all University Canada West faculty and staff with whom you have discussed this matter.)*
5. Summarize the reason for your request, based on the grounds indicated above, for review. *(Be as specific as possible about **why** you are requesting this decision to be overturned or changed.)*
6. Describe the outcome that you seek.
7. Are there any documents you want the faculty member to review? Yes          No  
If **Yes**, please enclose the documents with this form. Outline your evidence in a concise and chronological order.

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Signature

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Date

Submit this completed form with **ALL** your supporting documentation directly **to your instructor AND include the Academic Department at [academic.department@myucwest.ca](mailto:academic.department@myucwest.ca).**

**Instructions:**

1. Complete this form.
2. Collect material evidence to support the grounds you are using for this review request.
3. Send an email to your instructor and CC the Academic Department with the completed form and material evidence attached.

**Faculty have 7 days to review and respond to your request for review. Do not submit a request to review to the Chair unless you have not received a response from the Faculty 7 days after you submitted this form.**