

## Final Grade Review Request to Chair

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 ONLY if you have already completed the informal grade review request with your instructor (or if the instructor has not replied within 7 days) and you still have grounds to proceed with a request for review by the Chair.***

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:

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 you have taken to resolve this issue: *(Please provide specific dates and details and include the names of all UCW 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. Why do you think the instructor's grade decision needs Chair review? (Be specific about why you are requesting this decision to be overturned or changed.)
6. Describe the outcome you seek. Please be specific.
7. Are there any documents you want the Chair to review? Yes \_\_\_\_ No \_\_\_\_  
If **Yes**, enclose the documents with this form. Explain your evidence in concise, chronological order.

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Signature

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Date

Submit this completed form with **ALL** your supporting documentation directly **to your department chair 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 the department chair and CC the Academic Department with the completed form and material evidence attached.

**The Department Chair will endeavor to review the request expeditiously. Do not submit this form unless you have not received a response from the Faculty 7 days after submitting the Faculty Final Grade Review Request Form.**