

## Notice of Formal Grade Appeal

**Academic Department**

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Date Received: (office use only)

Use this form **ONLY** if you are submitting a formal grade appeal to Academic Council.  
The \$50 fee must be paid before this appeal will proceed. The fee will be refunded if your appeal is successful.  
You may request an appeal to Academic Council's Appeals Committee **ONLY** after **you have completed the first and second stages of** informal grade **review** through your **course instructor** and **Department Chair**.

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

Student #:

Last Name (Surname):

Given Names:

UCW Portal Email Address:  
(@myucwest.ca)Course Code:  
(e.g. MBAF 501-SUMMER23-02)

Instructor Name:

Course Name:

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

1. A Final Grade Review or Appeal must be supported by material evidence, please click on the box(es) indicating the grounds your appeal is based on:

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) you wish to have reviewed or appealed.
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 UCW faculty and staff with whom you have discussed this matter.)*
5. Summarize the reason for your appeal. Why do you want to appeal the Chair's decision? *(Be as specific as possible about **why** you are requesting this decision be overturned or changed.)*
6. Describe outcome you seek. Please be specific.
7. Do you intend to call any witnesses on your behalf?
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. **If Yes**, please provide their names and contact information:
8. Do you have documents you want the Grade Appeal Committee to review? Yes \_\_\_\_ No \_\_\_\_  
**If Yes**, enclose the documents with this form. Present your evidence in concise, chronological order.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit your receipt for the \$50 processing fee and this completed form with **ALL** your supporting documentation **to the Academic Department at [academic.department@myucwest.ca](mailto:academic.department@myucwest.ca).**