

# Academic Review Request

**Reception**

Suite 200 – 626 West Pender Street,  
Vancouver, BC V6B 1V9  
Phone: (604) 915-9607 Fax: (778) 331-8268

Date Received: (office use only)

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

Today's Date (YYYY-MM-DD): \_\_\_\_\_ Student Number: \_\_\_\_\_

Last name: (LAST) \_\_\_\_\_ Given Names: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Program of Study: \_\_\_\_\_

*NOTE: You may not request an appeal to the Dean or to the Appeals Committee unless you have exhausted this first stage of review.*

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

1. To which course is this issue related? What is the name of your faculty member(s) for this course?
2. What was the grade awarded or the penalty imposed?
3. Provide a clear and concise summary of the decision(s) which 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 University Canada West faculty and staff with whom you have discussed this matter.)*
5. Summarize the reason for your request for a review. Why do you think this decision was unjust? *(Be as specific as possible why you are requesting this decision be overturned or modified.)*
6. Describe the remedy, relief, or outcome that you seek.
7. Are there any documents that you want the faculty to review? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, enclose the documents with this form. Present your evidence in concise, chronological order.

I hereby affirm that the information on this form is an accurate description of the circumstances that led to this appeal. I also understand that University Canada West is committed to using personal information collected in accordance with applicable provincial and federal privacy legislation. By completing this form, I am consenting to have the University use the submitted information for the purposes consistent with academic and support services of a post-secondary educational institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit this completed form with all your supporting documentation directly to your instructor. You may also leave the review request package with Reception on the Vancouver campus.**