College of Dentistry: Application for APPEAL of Grade Given for TERM WORK

It is expected that matters relating to the grading of term work will be first discussed with the instructor as an attempt to resolve the issue without the need to submit a formal appeal.

Students who wish to formally appeal the grade assigned to term work shall have **10 working days** after the grade for the term work has been made available to them to appeal.

Once all necessary documents have been received in full by the department, this appeal will be processed within 10 working days.

A copy of the appeal form, indicating any decisions made, will be issued to the students once the appeal has been processed and decided on by the department.

**Return completed form to the Office of Department Head of the Department offering the Course.**

**NAME (APPELLANT):**________________________________________  **U OF M STUDENT NO.:** __________________

**U of M EMAIL:** ___________________________________________  **TELEPHONE:** ______________________________

**Course Term:** Fall Term 20____  Winter Term 20____  Summer Term 20____

**Subject Code:** _____________  **Course Number:** _______________

**Course Name:** ____________________________________________  **Grade Assigned:** _______________

**Course Coordinator/Instructor Name:** __________________________

My results for this assignment/work were made available on the following date: __________________________

(Note: Deadline to appeal is within 10 working days of receiving your results.)

CLEARLY SPECIFY THE REMEDY YOU ARE SEEKING: (Attach additional pages as necessary) __________________________

______ I certify that I have discussed my concerns with the above instructor/Course Coordinator on: ________________

______ I certify that I have not altered the attached term work material (exam script; lab materials, etc.).

______ I certify that I have read and understood the instructions provided on this form.

By signing this form, I acknowledge that I have read the College of Dentistry, Student Academic Appeals Policy and Procedures documents.

**Signature of Appellant:** __________________________  **Date:** ______________________________

This personal information is being collected under the authority of The University of Manitoba Act and it will be used to process your academic appeal. The personal information that you provide will be used only the purpose for which it is collected, unless you consent or we are authorized to do so under The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (Tel: 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB R3T 2N2.

**Departmental receipt:**

This appeal with/without accompanying term work was received on ______________, by __________________________

**Date**  **Signature**

[ ] TERM WORK RECEIVED  [ ] TERM WORK NOT RECEIVED
### This Section to be completed by the Academic Unit Offering the Course:

<table>
<thead>
<tr>
<th>Original Assigned Grade: ______</th>
<th>□ Grade has not changed  Or □ Grade has changed to: ______</th>
</tr>
</thead>
</table>

**Signatures:**  
Course Instructor: ____________________________ Date: ________________  
Consultant: ____________________________ Date: ________________  
Department Head/Dean/Director: ____________________________ Date: ________________  
Comments (will be shared with student): ____________________________

### Departmental Follow-Up:

A copy of this decision was sent to student and course instructor on ________________, by ____________________________  
Date Signature

Original Term Work was returned to student on ________________, by ____________________________  
Date Signature

If Term Work is picked up by student, include student signature: ____________________________ Date: ________________

Any Appeal of the above decision must be submitted to the College of Dentistry’s Student Academic Appeals Committee within ten (10) working days.