## **STUDENT SERVICES** Request for Term Work Grade Appeal

Detailed information on appealing an assigned term work grade is provided online: <u>umanitoba.ca/extended-education/student-supports</u> Payment of **\$50.00** is required for each term work grade appeal. Please include a **Payment Form** with this submission.

THIS SECTION TO	<b>BE COMPLETED BY</b>	THE STUDENT							
Student Last Name:			First (Given) Nan	First (Given) Name:					
Student Number:			Date of Birth (yy	/mm/dd):					
Course Name:									
Subject Code:			Course Number:						
Section Number:			CRN:						
Instructor Name:			Grade:						
Course taken in:	Fall 20	Winter 20	Summer 20						
	Intensive program pa	ackages (ABA, ABM, AHRM)	Flexible programs	Other					
<b>I confirm</b> I have di	scussed my concerns with	<i>tional pages if needed. <b>Be specifi</b></i> the above instructor on: rk material (exam script, lab rep	-	date	-	,			
Signature:					Date:				
final grade. Your personal i your personal information,	nformation will not be used contact the Access & Privacy	uthority of <i>The University of Manitob</i> or disclosed for other purposes, unl Office (tel. 204-474-9462), 233 Eliz	ess permitted by The Freedom o	f Information a	and Protection of Privacy				
PROGRAM DELIV									
This appeal was received	d on	l.t.	, by			signature		•	
		date				ignature			
<b>THIS SECTION FO</b>	R OFFICE USE ONLY								
Assigned Grade:			Does not ch	ange or	Changed to:				
Comments:									

Comments:

Date:

Extended Education