

**Signature** 

## REQUEST FOR FORMAL REVIEW OF A GRADE OR EVALUATION FORM

Name:	Student Number:
E-mail Address:	Phone:
Full Mailing Address:	
<ul> <li>A Student may request a formal review of a cou to one month after being informed of the final co a specific component of the course or the overa</li> </ul>	ourse grade. This formal review may be for
<ul> <li>A Student may request that a written examination addition and/or calculation of the score.</li> </ul>	on be checked for clerical error in the
<ul> <li>A student must accept the fact that the <u>review remark</u>, increase of the mark, or no change in the</li> </ul>	
All requests submitted to the Office of the Faculty Reg Director, who will then determine whether sufficient gr do exist, the Course Director will then conduct the rev Office of the Faculty Registrar.	ounds exist to conduct the review. If grounds
No mark or grade will be revised without written autho	rization from the Course Director.
The Office of the Faculty Registrar will notify the stude either a confirmation of the original grade or a revision grade.	
Name of Course:	
☐ Specific component to be reviewed:	
☐ Final Course Grade reviewed	<del></del>
☐ Written Examination checked for clerical er	ror
☐ Other (please attach a secondary sheet wit	h the details of your request)
Date of Examination: Date of	of mark notification:
*Students are reminded that this process could possib	oly result in the decrease of a mark.
Please return to: Office of the Faculty Registrar Medical Sciences Building, Room 2306, 1 King's C Phone (416) 946-8236, Fax (416) 946-3991	College Circle, Toronto, ON M5S 1A8

Date (MM/DD/YYYY)