



Office use only Request # \_\_\_\_\_ Accepted by: \_\_\_\_\_

	This form should be completed if you think there was a mistake in the calculation of your final course grade or if you would like to have your final		
Reread of Final Examination (\$37.75)	examination remarked for a PA Program course completed in the last six months.		
(payment information on page 2)	Questions about this form? Read page 2 or contact the Office of the BScPA Program office at <u>physician.assistant@utoronto.ca</u> .		

## Personal Information

SURNAME (LAST NAME)		GIVEN NAME(S)	
U of T EMAIL ADDRESS		U of T STUDENT NUMBER	
	@MAIL.UTORONTO.CA		
APT / UNIT NUMBER	STREET NUMBER STREET NAME		
CITY	PROVINCE / TERRITORY / STATE	POSTAL / ZIP CODE	COUNTRY

#### **Examination Information**

COURSE CODE (E.G., PAP 112)	INSTRUCTOR NAME OR LECTURE SECTION	MONTH EXAM WRITTEN (E.G., DECEMBER 2024)	
HAVE YOU REVIEWED A COPY OR ATTENDED A VIEWING OF THIS EXAM? (Check all that apply)	YES, I OBTAINED A COPY   YES, I ATTENDED A VIEWING   NO (recheck only)     I VIEWED MY EXAM USING A URL MY INSTRUCTOR SENT TO ME		

#### Reason for Request

In the space below, please explain the error(s) you believe were made in the calculation of your final grade for the course, or in the marking of your exam. Be as specific as possible. You may attach a separate sheet if you need more space.

SIGNATURE	DATE OF REQUEST		





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DEPARTMENT DECISION				OFFICE OF THE PA PROGRAM
🗆 No change				
Change mark to	%	🗆 New final mark has	been submitted on Quercus	Refund requested: <i>\$</i> _
ADDITIONAL NOTES TO STU	JDENT (Opti	ional)		
SIGNATURE OF DEPARTMEN	NTAL REPRE	SENTATIVE	DATE	
Once the review is complet	ted, send a	digital copy of this form	to the PA Program Office. This form a	d any additional written notes or comments will be

forwarded to the student.





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Information about Course Rechecks and Rereads of Final Examinations

## Recheck of Course Mark (free)

If you think there's been a simple adding error on your exam or in the calculation of all of your term work, you can request a recheck of your course mark. A recheck may be requested with or without first requesting a copy or a viewing appointment, but we strongly suggest that you view your marked exam before requesting a recheck.

# Reread of Faculty Final Examination (\$37.75)

If you think that the content of your final exam was graded incorrectly, or that a portion of your exam was not graded, you can request a re-read of your final exam. In this case, you must first see your marked exam, either through the purchase of a copy or by completing a supervised viewing appointment. This is so that you can determine the specific question(s) or portion(s) of the exam that you think was marked incorrectly. If you received a failing grade in the course, your exam was already reviewed by the department that offered the course before your final grade was posted.

Think of this form as a chance to speak directly with the faculty member who will be looking at your exam again. To help them understand why a reread may be necessary, be as precise as you can about where you think an error has occurred. Instead of saying "I think my exam was marked too harshly," or "I deserve more marks to get into another program," note specific instances of disagreement and cite evidence from the course to back up your assertions. Even though you may not have access to your course materials while seeing your exam, do your best to show that your answers are substantially correct.

The department that offered the course will review your Reason for Request and reread your final exam accordingly. If your exam grade is changed as a result of the reread, you will receive a refund of the fee (and the copy fee, if paid). Please note that a recheck or reread may result in a raised mark, a lowered mark, or no change.

## Payment Information

TOTAL FEE	PAYMENT METHOD		
\$37.75	O CREDIT O DEBIT [Note: Debit payment only accepted in person]		

Complete this section if you are submitting this form by email and you want to pay with a credit card. You do not need to complete this section if you are paying in person with a credit card.

CREDIT CARD NUMBER (xxxx-xxxx-xxxx)	EXPIRY DATE (MM / YY)	CVC NUMBER	FOR OFFICE USE ONLY
	/		PAYMENT ACCEPTED PAYMENT DECLINED

#### Freedom of Information and Protection of Privacy Act

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government. In addition, the Ministry of Training, Colleges, and Universities has asked that we notify you of the following: The University of Toronto is required to disclose personal information such as Ontario Education Numbers, student characteristics and educational outcomes to the Minister of Training, Colleges and Universities under s. 15 of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, Chapter M. 19, as amended. The ministry collects this data for purposes such as planning, allocating and administering public funding to colleges, universities and other post-secondary educational and training institutions and to conduct research and analysis, including longitudinal studies, and statistical activities conducted by or on behalf of the ministry for purposes that relate to post-secondary education and training. Further information on how the Minister of Training, Colleges and Universities uses this personal information is available on the ministry's website. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information.