Request for Grade Reappraisal

*Use this form to apply for a reappraisal of a final grade. Send the completed form to the Department Chair at rchambers@tru.ca by 15 February for fall semester grades or by 15 June for winter semester grades.*

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| --- | --- |
| Student’s  Name |  |
| Student’s  ID Number |  |

|  |  |  |
| --- | --- | --- |
| Course Code | Course Name | Semester Completed |
| LAWF |  |  |
| Instructor’s Name |  | |

Why do you believe that your grade is incorrect?

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*Attach additional pages of explanation, if needed.*

|  |  |
| --- | --- |
| Student’s  Signature |  |
| Date |  |