REQUEST FOR FORMAL REVIEW OF A GRADE OR EVALUATION FORM

Name: ___________________________________________  Student Number: __________
E-mail Address: ___________________________________  Phone: ______________________
Full Mailing Address: __________________________________________________________

- A Student may request a formal review of a course grade or evaluation for a period of up to one month after being informed of the final course grade. This formal review may be for a specific component of the course or the overall course grade.

- A Student may request that a written examination be checked for clerical error in the addition and/or calculation of the score.

- A student must accept the fact that the review requested may lead to a decrease of the mark, increase of the mark, or no change in the mark.

All requests submitted to Enrolment Services – Undergraduate Medical Education (UME) will be forwarded to the relevant Course Director, who will then determine whether sufficient grounds exist to conduct the review. If grounds do exist, the Course Director will then conduct the review, reporting the outcome in writing back to UME Enrolment Services.

No mark or grade will be revised without written authorization from the Course Director.

UME Enrolment Services will notify the student in writing of the outcome of his/her request: either a confirmation of the original grade or a revision (increase or decrease) of the original mark or grade.

Name of Course: ____________________________________________

☐ Specific component to be reviewed: _________________________________________
☐ Final Course Grade reviewed
☐ Written Examination checked for clerical error
☐ Other (please attach a secondary sheet with the details of your request)

Date of Examination: ________________ Date of mark notification: ________________

*Students are reminded that this process could possibly result in the decrease of a mark.

Please return the completed form to Enrolment Services – Undergraduate Medical Education by fax (416-971-2163) or, email (registrar.medicine@utoronto.ca).

_________________________  ______________________
Signature                  Date (MM/DD/YYYY)