



Response to Final Grade Appeal Faculty Form

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|--------------------|--|--------------|--|
| Name: | | Date: | |
| Work Phone: | | | |
| Email: | | | |

Signature: _____

If the appeal is related to a course please complete the following:

| | | | | | |
|------------------------------------|--|--------------|--|-----------------|--|
| Course name and number: | | | | | |
| Course term: | | Year: | | Section: | |
| Student: | | | | | |
| Final Grade, if applicable: | | | | | |

In your own words, please respond to the "Final Grade Appeal," setting out the reasons for the decision. Additional information may be attached.

Please summarize your evidence supporting the response above and attach copies of the evidence. If you will be referring to information from witnesses (i.e. third parties such as department head, Dean, or colleague), wherever possible please provide a letter from the witness.

Are there any witnesses?

Yes No

If 'Yes' please list all witnesses.

| | |
|------------------|--|
| Name: | |
| Position: | |
| Name: | |
| Position: | |

Will you have a support person attend meetings?

Yes No

If 'Yes' please complete the following:

| | |
|--------------|--|
| Name: | |
| Role: | |

NOTE: Your support person cannot be a witness or speak on your behalf or anyone else's behalf.

Once you have completed the form, please print, sign, and submit the form to:

Appeals Assistant

Abbotsford campus, Office of the Registrar, B211

Telephone: 604-504-7441, local 4226

ufv.ca/ai