



GRADE APPEAL FORM

The appeal process is designed to allow students to formally challenge academic decisions. Most appeals require a **minimum of 20 business days** to process, and often longer if the information submitted is not complete. Submit in person to Student Enrolment Services or mail to: KPU Office of the Registrar, 12666 72 Ave., Surrey, BC V3W 2M8.

| Part I - Student Information | | |
|---|-----------|-------------------|
| Student ID | Last name | First name |
| KPU email address | | Phone |
| Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | Year | Student signature |

| Grade Appeal Information |
|--|
| <p>You are required to speak with your instructor(s) about your grade before you appeal. If, after speaking with the instructor, you still believe you have grounds for a grade appeal, you must appeal within 20 business days from the date the grade was issued. You must attach a letter with your appeal including a rationale for having your work re-graded, a statement of your discussion with the instructor, and original copies of all course work (retain copies for your records – original documents will be returned when the appeal is complete).</p> <p>Your instructor must fill out the necessary information in Part II below. If additional information is required, your instructor(s) will be contacted by the Dean. A \$15 non-refundable appeal fee is required at the time of submission.</p> <p>Note: a grade appeal may raise, lower, or leave the grade unchanged and that decision will be final. Please see Policy ST.3 for full details regarding Grade Appeals. If you believe there was an error on your record (e.g. deletions or changes to the academic record), it can be investigated without an appeal. Please contact your instructor or the Office of the Registrar for assistance.</p> <p>You must include in your appeal package:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed Grade Appeal Form <input type="checkbox"/> Letter including a rationale for having your work re-graded, including date and your signature <input type="checkbox"/> Statement of your discussion with the instructor <input type="checkbox"/> Originals of all course work <input type="checkbox"/> \$15 appeal fee |

| Part II – Course you wish to be re-graded (to be completed by Instructor) | | |
|---|----------------------|-------------------------------------|
| Course name and section | CRN | Date of informal resolution attempt |
| Comments | | |
| Instructor name (print) | Instructor signature | |

| Office Use Only | | | |
|-----------------------------|--------------|--|------------|
| Date received: | Received by: | Adjudicator's decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/> | |
| SES PAID STAMP | | Comments | |
| | | Date logged: | Appeal no. |
| Date sent to Dean's Office: | | Adjudicators signature: | Date: |