



Personal Information

SURNAME (LAST NAME)	GIVEN NAME(S)
U of T EMAIL ADDRESS @MAIL.UTORONTO.CA	U of T STUDENT NUMBER

Assessment Information

COURSE CODE (E.G., STA410H1F)	INSTRUCTOR NAME OR LECTURE SECTION	DUE DATE AND TIME (E.G., DEC 18TH, 7PM)
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Reason for Request

In the space below, please describe the error(s) you believe were made in the grading of your final assessment. Be as **specific** as possible about question numbers and parts and be sure to refer to your answer and the relevant course material(s) to support your request. If this section is left blank, your final assessment will not be regraded."

I understand that by submitting this request, I accept the resulting mark as the new mark, whether it goes up, down, or remains the same. The instructor will be reviewing the assessment in its entirety, not just the above highlighted sections.

DATE OF REQUEST

DEPARTMENT DECISION

- No change
 Change mark to _____% New final mark has been submitted on eMarks

ADDITIONAL NOTES TO STUDENT (Optional)