



GRADE REAPPRAISAL FORM

GRADE REAPPRAISAL PACKAGES MUST BE SUBMITTED TO THE OFFICE OF THE REGISTRAR WITHIN THREE (3) BUSINESS DAYS FROM THE DATE OF THE PROGRAM LEADER DECISION.

Before completing this form, a student must first initiate an informal grade appeal by contacting the instructor or program leader/designate **within 7 business days** from the date the final grade was posted. If the student is not satisfied with the informal appeal decision, students have 3 business days to submit this form to appeal a final grade or the grade of a specific assessment. For more information on the appeal process, view the [Academic Progression Appeals Procedure \(pdf\)](#). All communications regarding the appeals will be sent to the email address currently listed on the student record. It's the student's responsibility to keep their contact details up-to-date in their MyNAIT portal.

Student Name: (Last, First)	Student ID Number:	Program:
Phone Number:	Email:	
Course Code (e.g. ECON1110)	Instructor's Name:	
Which grade are you appealing?		
<input type="checkbox"/> A specific assignment. Please specify: _____		
<input type="checkbox"/> The entire course grade (all grades in the course will be reviewed)		

Grounds for Appeal:
A grade reappraisal can only be filed on one or more of the following grounds. On which ground would you like to submit your appeal?
<input type="checkbox"/> Procedural error: a NAIT policy and procedure has been violated or misapplied.
<input type="checkbox"/> Merit of Work: the academic decision does not accurately reflect your performance
<input type="checkbox"/> New Information: relevant new information has arisen that could not have been presented earlier and the information may affect the decision being appealed.
<input type="checkbox"/> Course management: A significant departure from the course outline provided at the outset of the semester has impacted your ability to meet the course outcomes.

Required Supporting Documents
Please gather and submit applicable supporting documents. Please check off the documents that you're submitting below:
<input type="checkbox"/> A copy of the written components to be re-evaluated OR <input type="checkbox"/> The written components are being held in the program area
<input type="checkbox"/> A copy of the program leader's informal appeal decision
<input type="checkbox"/> A copy of the relevant NAIT policy and procedure
<input type="checkbox"/> A copy of the course outline
<input type="checkbox"/> A copy of the grading rubrics
<input type="checkbox"/> Any written communications between you, the instructor, and/or the program leader on matters related to the appeal
<input type="checkbox"/> Others

Detailed Explanation
On the next page, please provide a detailed explanation of the reason for your appeal. See below for some guidelines on what to include depending on the ground(s) for your appeal.
• Procedural error: Reference the relevant policy and procedure and explain how they were violated or misapplied.
• Merit of Work: Reference the grading rubrics and explain how the grade does not accurately reflect your performance in the program or the course.
• New Information: Share the new information, explain why the information could not have been presented earlier and how the new information may affect the decision.
• Course management: Reference a copy of the course outline and any evidence that the instructor has deviated significantly from the outline. Explain how this has impacted your ability to meet the course learning outcomes.

Next steps:

1. Submit the completed package via the [Student Service Centre contact form](#). Select “Form Submission” tile and then select “Grade Reappraisal”.
2. Monitor your MyNAIT portal and pay the appeal fee of \$100 by the posted deadline. The appeal fee will be posted to your account within two (2) business days of receiving the completed appeal package. Please pay the fee within two (2) business days. The appeal will be cancelled if payment is not received by the posted deadline.

Student Signature: _____ Date: _____
MM/DD/YY

OFFICE USE ONLY:

Grade Reappraisal Decision: No Change Revised Grade _____

Reviewer's Name: _____

Reviewer's Signature: _____ Date: _____
MM/DD/YY

Chair's Name: _____

Chair's Signature: _____ Date: _____
MM/DD/YY

Associate Dean Academic's Name: _____

Associate Dean Academic's Signature: _____ Date: _____
MM/DD/YY