

UNIVERSITY OF SASKATCHEWAN

Request for and Report of Re-Read

- ♦ This form is to be completed **only** if a Consultation has been conducted (i.e., FORM A completed) and the student remains unsatisfied.
- ♦ This form must be submitted to the department or non-departmentalized college offering the course which is the subject of the request, within 15 days of the delivery of FORM A to the student.

APPLICATION FOR RE-READ		
Name:		Student Number:
Address (Street, City, Postal Code):		Telephone:
Formal Re-Read Requested in: Course name/number		Section:
Instructor:		
Check where applicable:		
<input type="checkbox"/> Final examination	Date Written	
<input type="checkbox"/> Midterm examination	Date Written	
<input type="checkbox"/> Essay	Due Date	
<input type="checkbox"/> Term Work	Due Date	
<input type="checkbox"/> Laboratory	Due Date	
<input type="checkbox"/> Other (specify)		
Date Report of Consultation (Form A) Available:		
Specific Nature of the Complaint (The student must specify precisely the nature of the complaint, failing which Form B may be returned for more information. Use the reverse of sheet if additional space is required):		
Date:	Signature of Student:	
REPORT OF RE-READ.		
The Re-Reader should not be aware of the original mark received by the student.		
Re-Reader's Mark ()	Comments:	
Date:	Signature of Re-Reader:	
To be completed by Department Head once the Report from the Re-Reader is received.		
Results: Original Mark ()	<input type="checkbox"/> Change to: ()	<input type="checkbox"/> No Change
Final Grade ()	<input type="checkbox"/> Change to: ()	<input type="checkbox"/> No Change
Signature of Dean or Department Head:		
The completed report should be returned to the department head or dean (non-departmentalized college). Feb. 2005		