UNIVERSITY OF TORONTO
FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION

Request for Appeal of Final Group Grade

Name: ______________________  Student Number: ______________________

UT+ Email: ______________________  Phone: ______________________

Course: __________ Session: ___  Instructor: ______________________

For which of the following are you requesting an appeal:

☐ Term Work (specify evaluation component): ______________________  ☐ Final Grade

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please list any new documents that have not been submitted in a previous petition:
________________________________________________________________________________
________________________________________________________________________________

Grounds for Appeal (attach a separate sheet if necessary):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

For group assignments, all members have read and understand the KPE Guidelines for Grade Review Policy. All members understand that no additional requests to re-evaluate this work will be considered by the Director.

Name: ______________________  Signature: ______________________  Date: __________
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Name: ______________________  Signature: ______________________  Date: __________
Name: ______________________  Signature: ______________________  Date: __________
KPE Guidelines for Grade Review Policy

If the student is not satisfied with the re-evaluation, she or he may appeal to the Director, Undergraduate Studies. An appeal must be made in writing, using the KPE Request for Appeal of Final Grade form within two weeks of receipt of the instructor re-evaluation response. Similar to the KPE Request for Re-Evaluation form, students will be asked to state explicitly the part(s) of the evaluation where they have evidence that additional marks are warranted and to provide a rationale for the request. In addition, the mark appeal must include a summary of all previous communications with the marker and/or instructor. If the work in question was a group effort, then each group member must agree to the appeal by signing the KPE Request for Appeal of Final Group Grade form. In such cases, it is advantageous for group members to have documentation illustrating their individual contributions.

The Director will evaluate the arguments submitted in the appeal. If they consider that there are no substantive reasons to initiate an appeal, that judgment will be communicated to the student. If the Director considers that an appeal is appropriate, they will solicit an independent reader for this purpose. In this case, the independent reader will be given a clean, anonymous copy of the work and will not know what mark was assigned originally. The independent reader’s evaluation will be carried out in accordance with the marker/instructor’s original grading scheme and take into account the nature and level of the course. The independent reader’s evaluation will involve the entire piece of work and can result in a raised mark, a lowered mark or no change. In submitting an appeal request, the student agrees to the terms and conditions stated above, and acknowledges that no further requests to re-evaluate this work will be considered by the Director.

In submitting the appeal for a group assignment, all group members must agree to the terms and conditions stated above.

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Received by: _________________ Date Received: _______________

Decision of Council
☐ No Change  ☐ Change Final Mark To: ______

Name: ______________________ Signature: _____________________ Date: __________