Assignment Regrading Request Form

Course: Assignment #:   Date:

Full Name: Identification Number:

Username: Instructor:

Note: When a regrading is requested, we may look at question solutions other than those reported on this form to ensure there are no other marking errors. Grading errors may raise or lower your mark or result in no overall change. For consistency and fairness, all remarks will be handled together after the deadline.
Please check with the course coordinator a week after the deadline.

Question #: _____
Describe the perceived marking error:

Mark Adjustments: NO CHANGE   or +_____ or −_____ Grader Initials: _____ Date:_____

Question #: _____
Describe the perceived marking error:

Mark Adjustments: NO CHANGE or +_____ or −_____ Grader Initials: _____ Date:_____

Continue on the back of this page, if necessary.