**REQUEST TO REVIEW GRADING**

Please complete this form neatly and submit the *hard copy* to Dr. Rawn no later than two weeks after the date that the assignment grades were posted on *Connect*. Attach the copy of the work that you originally submitted, along with a copy of the reviews you created and received (if applicable). Dr. Rawn will consider your request carefully and will respond via email by the end of the term. Note that your entire paper may be reviewed and your mark may go up or down.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID *#* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (UBC address preferred) ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment name \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I believe that my work should receive a higher grade because:

|  |  |
| --- | --- |
| **☐** | I have reviewed all assignment guidelines  |
| **☐** | I have reviewed the comments provided on my paper |
| **☐** | I have reviewed the grading rubric used to evaluate my paper  |
| **☐** | I understand that my grade could go up or down |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Signature Date (YY/MM/DD)