Application to Write a Supplemental Evaluation Measure

Student Name: ____________________________  Student Number: ________________

Program: _________________________________  Course End Date: ________________

Campus: ______________________________________________________________________

Course #: ______________  Course Name: __________________________________________

Instructor: _________________________________________________________________

Grade previously attained in course: ________________

I am applying to write a supplemental evaluation for the course indicated above. To be eligible to write a supplemental evaluation I must have completed all assessment and evaluation measures for the duration of the course and have achieved a mark within ten marks of the passing grade.

I understand that, as per Policy 1114, I am permitted to write one supplemental evaluation measure per course to a maximum of two supplemental evaluation measures per term, and four per school year.

• The supplemental evaluation mark will replace the original posted mark as the course final grade up to a maximum of 60%.
• In cases where supplemental evaluation mark does not exceed the original mark achieved, the original course mark will prevail.

________________________________________  __________________________
Student Signature  Date

Approved: □  Denied: □

________________________________________  __________________________
Academic Chair Signature  Date