

Cumming School of Medicine (CSM) Undergraduate Medical Education (UME) Reappraisal Submission Form

All boxes must be filled out before you submit your reappraisal request. Incomplete forms will not be considered. To submit your reappraisal, please send the completed Reappraisal Submission Form and any supporting documentation to md.reappraisals@ucalgary.ca by your reappraisal deadline (on or before 11:59 PM (MT) on the tenth business day following receipt of the result on Graded Term Work or Academic Assessment).

If you have questions about completing this form, please contact <u>md.reappraisals@ucalgary.ca</u>.

Full Name:	UCID:
Preferred Pronoun:	Year of Study:
Faculty/Unit: Cumming School of Medicine	Program of Study: Medical Doctor Program
Phone:	UCalgary Email:
Current Mailing Address:	Date of Submission (Email Date):

Content and Format Requirements

According to the <u>CSM UME Reappraisal of Graded Term Work and Academic Assessment Policy</u>, Section 5.2, your request for reappraisal must include:

- a) the Student's ID number, current address and telephone contact number(s),
- b) the Graded Term Work or Academic Assessment that the Student is seeking to have reappraised,
- c) the reason the Student is seeking a reappraisal as per section 5.2 of the policy list above,
- d) the outcome sought by the Student,
- e) a statement that all the information and documentation provided for the reappraisal is true and accurate

1	1. Date your Graded Term Work or Academic Assessment was released.	
	. Please choose your grounds for reappraisal:	
	A procedural irregularity occurred in making the Academic Assessment decision or Graded	
	Term Work Decision (including a deviation from a course outline or communicated expectation); or	
	Term work Decision (including a deviation nonra course outline or communicated expectation), or	
	An allocation impact occurred such that the Student was allocated to a learning or	
	assessment setting that led to significantly lower performance ratings as compared	
	to other learning assessment settings; or	
	\Box A performance impact occurred such that the Student was denied resources that should have	
	been provided and that had an impact on their performance on the assessment; or	
	\Box An Evaluator impact occurred such that when the Evaluator rates the Student's performance	
	based on factors other than the Student's performance; or	
	\square A determination impact occurred such that, after the normal post examination review	
	process is completed, a Student can show that there is:	
	i) a key error; or	
	ii) there is an alternate correct answer; or	
	iii) there is no correct answer to a question	
	When a Student seeks a reappraisal for a determination impact, the Student must demonstrate	
	that the information on which they based their answer came from an accepted source from the	
	course in the year in which they were taught. Accepted sources include: evidence-based	
	textbooks or online resources, journal articles, post lecture notes, slides or podcasts. Student	
	notes from a class that cannot be verified are not an acceptable source.	
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3. List and explain **all** Grounds for reappraisal, and attach in your email all evidence supporting any selected grounds:

14. Please choose from the following the outcome(s) you are seeking.

that the Student's grade will change on the Graded Term Work or Academic Assessment,
that the Graded Term Work or Academic Assessment will be reassessed,
that the Student will be given an opportunity to repeat the assessment,

4. Please confirm the following:

I have read and understood the <u>CSM UME Reappraisal of Graded Term Work and Academic</u> <u>Assessment Policy</u>

I have enclosed all relevant supporting documentation and evidence.

All the above information, my reappraisal submission, and all attached evidence and documentation is true and accurate.

Date

Student Signature