

Flexible Assessment Planning and Reporting Form

Name of Candidate _____ Course name and number _____
COTR Student number _____ Name of Faculty Assessor _____
Candidate contact (phone or email) _____

Part 1—Planning (to be completed by Faculty Assessor and agreed to by Candidate)

Candidate will have flexible assessment opportunity for:

- The entire course
- The following sections: _____

Evidence of learning will be demonstrated by:

Evidence of learning will be submitted by and/or activities will be completed by _____
Date

Signature of Candidate

Date signed

Signature of Faculty Assessor

(1 copy to candidate)

Part 2—Reporting

Full course credit Candidate accepts grade. Grade assigned _____
 Candidate does not accept grade. Grade of “W” assigned.

Partial course credit FA grade(s) _____ (to be included in calculation of final grade)

Assessor comments:

Signature of Faculty Assessor

Date signed

Copy to: Faculty Assessor Candidate Flexible Assessment Coordinator Registrar