

# Re-Do Assignment Marking Form

Please complete **Part 1** of this form and attach it to your assignment. Please forward assignments to:  
Career Development, Concordia University College of Alberta, 7128 Ada Boulevard, Edmonton, Alberta  
T5B 4E4 or fax (780) 466-9394 or e-mail: [kerri.mckinnon@concordia.ab.ca](mailto:kerri.mckinnon@concordia.ab.ca)

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## PART 1 – STUDENT INFORMATION

Student ID# \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address (include Postal Code): \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Bus Phone#: \_\_\_\_\_

Fax Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ASSIGNMENT INFORMATION:

Distance/Date of Institute: \_\_\_\_\_ Institute \_\_\_\_\_ Distance \_\_\_\_\_

(Course#)

(Name of Course)

(Assignment#)

Instructor/Tutor's Name: \_\_\_\_\_

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## Part 2 (Office Use Only)

Date Received from Student: \_\_\_\_\_

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## Part 3 (Instructor/Tutor Use Only)

Mastery Received: \_\_\_\_\_ Final Mark: \_\_\_\_\_

Assignment Mark Only: \_\_\_\_\_ If yes, Which Assignment#: \_\_\_\_\_

Total Number of Assignments/Quizzes/Exams Required for this Course: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

