



Student must complete Section One and Section Two on this form in **PRINT**, then submit to Course Faculty within 10 business days of online grade posting.

SCHOOL OF NURSING | COURSE GRADE APPEAL FORM

SECTION ONE - Student Information | *Must be completed by the student in PRINT.*

Student Name:			UT Tyler Student ID:		
Street Address:					
City:			State:		Zip:
Course Number:		Course Title:			
Instructor Name:			Year and Term Course was taken:		

SECTION TWO – Student Statement | *Must be completed by the student in PRINT.*

Following the provisions of the Student Grade Appeal Process, I appeal the grade of _____ received in the course cited above.

The basis for this appeal is:

You may attach an additional page if more space is needed.

Student Signature

Date

Sign and submit this form to the Course Faculty of the course for which you are appealing your grade. If you are not pursuing the appeal, sign and return this form to the Nursing office on your campus.

SCHOOL OF NURSING | COURSE GRADE APPEAL FORM

SECTION THREE – Course Faculty Statement | *Must be completed by the Course Faculty.*

I have reviewed the course grade appeal and my decision is to:

- Uphold the appeal.
- Decline the appeal.

The basis for my decision is:

- The grade has been re-evaluated and stands as originally posted.
- The grade has been re-evaluated and has been adjusted due to:

The re-calculated grade has been adjusted to _____ based on:

Course Faculty Signature

Date

Return a copy of this form to the Nursing Office on your campus. Return the original copy to the student in case they wish to pursue the matter further.

For further or unresolved appeals – Complete Section 4 or 6 (whichever is appropriate) within 2 business days.

SCHOOL OF NURSING | COURSE GRADE APPEAL FORM

SECTION FOUR – Appeals to Program Director | *Must be completed by the student in PRINT.*

I have followed the informal process outlined in the Student Grade Appeal process and have been unable to reach a satisfactory resolution of my appeal through the course faculty. I wish to appeal my course grade to the Program Director.

Student Signature

Date

Sign and submit this form to the appropriate Program Director if you wish to pursue the appeal process. If you are not pursuing the appeal, sign and return this form to the Nursing Office on your campus.

SECTION FIVE – Program Director Statement | *Must be completed by the Program Director.*

I have reviewed the course grade appeal and my decision is to:

- Uphold the appeal.
- Decline the appeal.

The basis for my decision is:

- The re-evaluated grade stands as originally posted.
- The re-evaluated grade by the faculty was adjusted and is now adjusted to: _____

Program Director's Signature

Date

Return the original copy to the student in case they wish to pursue the matter further.

For further or unresolved appeals – Complete Section 6 within 2 business days.

SCHOOL OF NURSING | COURSE GRADE APPEAL FORM

SECTION SIX – Associate Dean of the School of Nursing | *Must be completed by the student in PRINT.*

I have followed the informal process outlined in the Student Grade Appeal process and have been unable to reach a satisfactory resolution of my appeal through the Program Director. I wish to appeal my course grade to the Associate Dean of the School of Nursing.

Student Signature

Date

Sign and submit this form to the Associate Dean of the School of Nursing if you wish to pursue the appeal process to the Associate Dean of the School of Nursing. If you are not pursuing the appeal, sign and return this form to the Nursing Office on your campus.

SECTION NINE – Associate Dean of the School of Nursing | *Must be completed by the Associate Dean for SON.*

This appeal has been reviewed according to the formal appeal procedure. A **final decision** has been made to:

- Uphold the appeal.
- Decline the appeal.

The basis for this decision is:

SON Associate Dean Signature

Date

IF THE GRADE IS REVERSED, A GRADE CHANGE FORM MUST BE ATTACHED.