



COURSE GRADE APPEAL FORM SCHOOL OF NURSING

PLEASE PRINT BELOW

Complete Section and submit to Course Faculty within 10 business days of online grade posting

Section 1: STUDENT INFORMATION

Student's Name : _____ Student ID#: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Course # and Title: _____ Instructor's Name: _____

Year and Term Course was Taken: _____

Section 2: STUDENT'S STATEMENT

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's 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*.

COURSE GRADE APPEAL FORM

Section 3: COURSE FACULTY STATEMENT

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

- Uphold the appeal
- Decline the appeal

The basis for my decision is:

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.

COURSE GRADE APPEAL FORM

Section 4: APPEALS TO PROGRAM DIRECTOR

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's Signature

Date

Sign and submit 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 5: PROGRAM DIRECTOR STATEMENT

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

- Uphold the appeal
- Decline the appeal

The basis for my decision is:

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.

COURSE GRADE APPEAL FORM

Section 6: APPEALS TO THE ASSOCIATE DEAN OF THE SCHOOL OF NURSING

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's Signature

Date

Sign and submit 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 9: ASSOCIATE DEAN OF THE SCHOOL OF NURSING

The 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 the decision is:

Signature of the Associate Dean of the School of Nursing

Date

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