

Grade Appeal Record of Action

Student Name: _____

Course: _____

Instructor Name: _____

Date final grade posted	Date:	
Date of informal discussion	Date:	
Date of Formal Appeal - must occur within 20 university working days (UWD) of final grade posting.	Student Sign: Date of submission: <input type="checkbox"/> Appeal Packet to School Chair	School Chair Sign for receipt: Date of receipt:
School Chair's Written Response - must occur within 5 UWD of student request	School Chair Response Sign: Date of response: <input type="checkbox"/> Attach School Chair' response, return to student <input type="checkbox"/> Copies of Chair response to Course Instructor and Dean	Student Sign for receipt: Date of receipt:
Student Request for Dean Review – must occur within 3 UWD of the School Chair's response	Student Sign: Date of request: <input type="checkbox"/> Appeal Packet to Dean with all attachments	Dean Sign for receipt: Date of receipt:
Dean's Written Response – must occur within 5 UWD of student request	Dean Response Sign: Date of response: <input type="checkbox"/> Attach Dean's response, return to student <input type="checkbox"/> Copies of Dean response to Course Instructor, Chair and Provost	Student Sign for receipt: Date of receipt:
Student Request for Grade Review Board Hearing – must occur within 3 UWD of the Dean's response	Student Sign: Date of Request: <input type="checkbox"/> Appeal Packet to Office of the Provost with all attachments (ADMIN 213)	Provost's Office Sign for receipt: Date of receipt:
Provost's Office – Extensions to Timeline.		