

Grade Appeal Record of Action

	Student Name:
Course	Instructor Nomes
Course:	Instructor Name:

Date final grade posted	Date:	
Date of informal discussion	Date:	
Date of Formal Appeal -	Student Sign:	School Chair
must occur within 20		Sign for receipt:
university working days	Date of submission:	
(UWD) of final grade	☐ Appeal Packet to School Chair	Date of receipt:
posting.		
School Chair's Written	School Chair Response Sign:	Student
Response -		Sign for receipt:
must occur within 5	Date of response:	
UWD of student request	☐ Attach School Chair' response, return	Date of receipt:
	to student	
	Copies of Chair response to Course	
	Instructor and Dean	
Student Request for	Student Sign:	Dean
Dean Review – must		Sign for receipt:
occur within 3 UWD of	Date of request:	
the School Chair's		Date of receipt:
response	☐ Appeal Packet to Dean with all	
	attachments	_
Dean's Written	Dean Response Sign:	Student
Response – must occur		Sign for receipt:
within 5 UWD of student	Date of response:	
request	3	Date of receipt:
	☐ Attach Dean's response, return to	
	student	
	Copies of Dean response to Course	
Chudant Danisat fan	Instructor, Chair and Provost	Provost's Office
Student Request for Grade Review Board	Student Sign:	
	Date of Poquest:	Sign for receipt:
Hearing – must occur within 3 UWD of the	Date of Request:	Date of receipt:
Dean's response	☐ Appeal Packet to Office of the Provost	Date of receipt:
Dealt 3 response	with all attachments (ADMIN 213)	
	with an attachments (ADIVIIII 213)	