

Grade Appeal Request Form

]	Date:	/	/20	
To Be Filled by the Student							
Student Name:			Student ID):			
Mobile:	E-mail:						
Course Code:	Course Titl	e:			Section	on:	
Marks Received:	Marks Exp	ected:	Semester:				
Instructor's Name:							
Have you Discussed your issue with your instructor? ☐ Yes ☐ No							
Errolain Why the Creade Cherold De Devierred.							
Explain Why the Grade Should Be Reviewed:							
(please attach additional pages, if necessary							
Student signature:			I	Date:	/	/	
Finance Department Use:							
-							
Paid 100 SR(1 st Appeal) Name:	Paid 15	50 SR(2 nd Appeal) Signature :	Paid	200S) Date		(appear)	
Trume .		Signature .		Dute	• ,	,	
Important Note on Appeal Fee	payment:						
• 1 st Appeal in a given semester/summer term is SR100							
• 2 nd Appeal in the same semester/summer term is SR150							
• 3 rd Appeal in the same			-4/				
 No more than three app This is a non-refundal 		-		erm)			
This is a non-refundable fee regardless of the outcome of the appeal To Be filled By the Instructor							
To Be filled By the Instructor Break Down Of the Final Grade:							
Dicar Down Of the Fillar	Graue.						
* Classroom Assessme	nts:	* Midterm:					
* Quizzes:		* Final:					
* Homework:		* Others					

<u>Instructor's Comments</u>: (please attach additional pages, if necessary)

Name:

Date:

Signature:



Appeals Committee Chair: Appeals Committee Chair's Comments:							
The committee has deliberated and made the final decision:							
APPROVED – Grade changed from to							
DENIED – Grade not changed							
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Committee Members' Names:	Signatures	Date					
1 2.							
Detailed reasons for such decision: (use back of sheet if needed)							
Chair Name:	Signature:	Date: / /					
Dean's Approval (Final Approval for Grade Change)							
APPROVED Comments:	DENIED	□ N/A					
Dean's Name:	Signature:	Date: / /					
Registrar							
Student's grade was updated into the system, if applicable. Student was notified of the grade decision via:							
Phone	☐ Email						
☐ In person	Other:						
Name:	Signature:	Date: / /					