

# School of Health and Human Sciences

## Student Request Form for Appeal of Final Course Grade

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name and Number \_\_\_\_\_ Instructor: \_\_\_\_\_

- I. I wish to appeal my final grade based on the following rationale:
- Miscalculation of final course grade
  - Deviation from grading policies outlined in course syllabus without reasonable cause
  - No reasonable explanation of how students work was evaluated
  - Other (explain)
- II. List all documentation submitted with this appeal. Examples may include the course syllabus and or copies of graded work. Provide a complete listing of all graded work with the assigned grade for each assignment. Please provide a typed one page explanation for your appeal based on item #1 above. Submit your completed appeal to your instructor.
- III. For undergraduates, appeals must be initiated within 6 months after the grade has been posted. For Graduate students, appeals must be initiated within 90 days. See the [Undergraduate Bulletin](#) or the [Graduate Bulletin](#) for more information.
- IV. *Consent to Disclosure of Educational Records:*  
*In order to accurately process your request, University officials may need to share information from your educational records, including information you provide in connection with this request, with individuals outside the University (e.g., health professionals, other schools you have attended, etc...). The Federal Educational Rights & Privacy Act prohibits the disclosure of information from your educational records to persons outside the University unless you give written consent. While your request will be considered even if you do not give consent to disclosure, failure to give that consent may hamper the ability of University officials to accurately assess your request.*
- I do give** consent to disclose information from my educational records as necessary for the consideration of my request.
- I do not** give consent to disclose information from my educational records as necessary for the consideration of my request. I understand that the decision concerning my appeal will be based only on the information I have provided.

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**Student's Signature**

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**Date**

Appeal Actions

*Denied*

*Accepted*     *Instructor:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Denied*

*Accepted*     *Department Chair:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Denied*

*Accepted*     *HHS Dean:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*For Graduate Students only:*

*Dean of the Graduate School* \_\_\_\_\_

*Date:* \_\_\_\_\_