

GRADE APPEAL FORM

I. STUDENT INFORMATION			
<i>First Name :</i>	<i>Surname :</i>		
<i>Student ID:</i>	<i>Faculty:</i>	<i>Department :</i>	
<i>Cell Phone:</i>	<i>Semester : Fall / Spring / Summer</i>		
<i>e-mail:</i>	<i>Academic Year:</i>		

II. REQUEST	
<p>I kindly ask that you carry out procedure of grade appealing of:</p> <p> <input type="checkbox"/> Midterm Exam <input type="checkbox"/> Final Course Grade <input type="checkbox"/> Final Exam <input type="checkbox"/> Other (please identify) </p> <p>I understand that this appeal may result in review of any or all aspects of my performance in the course.</p>	
	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px; margin-bottom: 5px;">Student's Signature:</div> <div style="border: 1px solid black; padding: 5px;">Date:</div>

III. REASON OF APPEALING	
✓	A mathematical error or clerical error has resulted in a miscalculation of the grade.
✓	The grade awarded does not fairly reflect your academic performance and/or the stated requirements for the course.
✓	The assignment of grade on some basis other than performance in the course
✓	The assignment of grade by application of more exacting requirements than were applied to other students in the course.
✓	Other please specify:

IV. COURSE INFORMATION			
Code	Course Name	Grade Received	Instructor

Registrar's Office use Only
<i>Date :</i>