



GRADE APPEAL FORM

Student Name		College	
Student ID		Major	
Instructor's Name		Mobile Number	
Course Name		Course Code	
Subject		Date	

A. Student Portion

1. Description

2. Supporting Documents

1

2

3

Signature _____ Date _____

B. Official Use

3. Academic Committee

Name	Signature	Name	Signature
Name	Signature	Name	Signature

Committee Recommendations _____ Date _____

Dean/Chair Recommendation:

4. Final Decision

Comments Approved Declined Re evaluate

Signature _____ Date _____

6. Return to Deanship of Enrollment & Registration: Students has been informed of decision through

Phone Email In person

Notes

Date _____ Signature _____

Comment

Note: 500SR appeal charge (refundable if your appeal is successful)

cc Student File