FOR OFFICIAL USE ON

Effective Date:
Petition #:

FRM08. GRADE APPEAL

STUDENT INFORMATION	
Student Name:	Student ID no.:
Email:	Dhamama
COURSE INFORMATION	
COURSE INFORMATION	
Course Code: Course Name:	
C C+:	
Semester/Year:	Instructor Name:
Schiester Tear.	instructor (value)
TYPE OF CLAIM	
This appeal is based on a claim of (check	x all that apply):
☐ Error	
☐ Grading Inconsistency	
☐ Other	
Write a summary of the basis for your appearance	eal:
filing this appeal. The result of this meeting My instructor and I met or mad Date(s) of discussion: My instructor never responded	le contact, but we were unable to resolve the grade dispute.
Student's signature:	Date:
To be completed by Program Director / De Receipt of the appeal is acknowledged, and	
Program Director / Dean of College / Desig	gnee's signature:
Date:	