

## Academic Appeal Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Title: \_\_\_\_\_

Instructor: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Grade Earned in Theory: \_\_\_\_\_ Grade Earned in Clinical: \_\_\_\_\_

Summarize all previous action to resolve grade dispute, including meetings with the involved faculty (attach a separate sheet if necessary):

---



---



---

Reason/Rationale for grade change request (attach a separate sheet if necessary):

---



---



---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to the Dean's Office within five working days of the official course grade notification.**

**\*Student must obtain assistance regarding the appeal process from an Academic Advisor or faculty advocate.**

Date Received: \_\_\_\_\_  
Received by Initials: \_\_\_\_\_