

Postgraduate Grade Appeal Form

ADU-QP-RG-006-F02

Student's Name		Mobile No.	
Student's ID no.:		Course/ Section	
Semester		Grade Received:	
Have you discussed the issue with your instructor? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Instruction Name			
If yes, have you seen your course work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reasons for the request of Grade Appeal (to be completed by the students)			

Student's Signature:		Date:	
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NOTE : There are three possible outcomes to an individual grade appeal:

- 1 The original grade is upheld;
- 2 The grade is lowered relative to the original; and
- 3 The grade is raised relative to the original.

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Official Use ONLY :

Review Process Initiated by the Dean

Faculty one assigned to review the case	<input type="text"/>
Opinion Grade change justified	Yes <input type="checkbox"/> No <input type="checkbox"/>
Justifications	<input type="text"/>
Signature and date	<input type="text"/>
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Faculty two assigned to review the case	<input type="text"/>
Opinion: grade change justified	Yes <input type="checkbox"/> No <input type="checkbox"/>
Justifications	<input type="text"/>
Signature and Date	<input type="text"/>

Dean's Decision on the grade change	Yes <input type="checkbox"/> (<i>Change Grade Form attached</i>) No <input type="checkbox"/>
Justifications:	<input type="text"/>
Signature and Date:	<input type="text"/>

Office of the Registrar's use only:

Grade change received and recorded	Yes <input type="checkbox"/> No <input type="checkbox"/>	by: <input type="text"/>
Student informed by:	<input type="text"/>	Date: <input type="text"/>
Case closed on	<input type="text"/>	by <input type="text"/>