



Undergraduate Grade Appeal Form

ADU-QP-RG-006-F02

Page: 1/1

Student's Name: _____	Mobile No. _____
Student's ID no: _____	Course & Sec.: _____
Semester: _____	Grade received: _____

Have you discussed the issue with your instructor? Yes No

Instructors _____

If yes, have you seen your course work? Yes No

Reasons for the request of Grade Appeal (attached supporting document is necessary)

Student's Signature: _____

Date: _____

Review Process Initiated by the Dean

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

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

Office of the Registrar's use only:

Grade change received and recorded (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	by: _____
Student informed by: _____	(<input type="checkbox"/> email/ <input type="checkbox"/> phone)	Date: _____	Time: _____