

**University of North Alabama  
Final Grade Appeals Form**

**1. Background Information:**

Name of Student \_\_\_\_\_ Student Number L \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Major \_\_\_\_\_

**2. Course or Academic Evaluation: (please check)**

\_\_\_ Course Grade (provide course number & name) \_\_\_\_\_

\_\_\_ Comprehensive oral exam \_\_\_ Comprehensive written exam \_\_\_ Thesis defense

Course Term: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Year

Course Instructor: \_\_\_\_\_

Grade Received or Academic Action Taken: \_\_\_\_\_

\_\_\_\_\_

Desired Outcome: \_\_\_\_\_

**3. Nature of Complaint: (Check the grounds for the appeal that applies to this case)**

\_\_\_ Arithmetical or clerical error

\_\_\_ Arbitrary or inequitable evaluation on the part of the instructor

\_\_\_ Substantial failure of the instructor to follow course syllabus or other announced grading policy

\_\_\_ Other (Briefly state) \_\_\_\_\_

On a separate page or pages, explain your reason(s) for filing this complaint. In particular, describe how the grounds indicated above apply in this case. Attach any documentation that supports your complaint. **Clarity and thoroughness in documentation are important factors in determining whether this complaint will be dismissed or heard by the appropriate administrative unit.**

Number of pages attached: \_\_\_\_\_

Have you attempted to resolve this matter with the instructor? \_\_\_ Yes \_\_\_ No

Was your attempt to resolve this matter with the instructor completed? \_\_\_ Yes \_\_\_ No

Date of informal meeting with instructor: \_\_\_\_\_

Outcome of meeting with instructor (If no meeting took place, explain why): \_\_\_\_\_

\_\_\_\_\_

Is this appeal to the department chair within the required 6-week time frame? \_\_\_ Yes \_\_\_ No

(Note: Deadline is 6 weeks after the end of the term in which grade was issued.)

Grade Appeals Form Received by: \_\_\_\_\_

(Signature: Department Chair)

(Date)

**A COPY OF THIS SIGNED AND DATED GRADE APPEALS FORM HAS BEEN RETURNED TO ME:**

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

Date: \_\_\_\_\_

**4A. Result of Appeal to the Department Chair**

Date of meeting with Department Chair \_\_\_\_\_

Outcome of meeting:

- Grievance was resolved.
- Grievance was not resolved.

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4B. Student Decision:** (if grievance was not resolved after meeting with department chair):

- The student accepts the original grade given.
- The student wishes to file an appeal to the Dean (*original forwarded to Dean*).

**The student acknowledges receipt of signed and dated copy of this document showing the student's decision.**

_____	_____
Student Signature	Date signed
_____	_____
Department Chair Signature	Date signed

**5A. Result of Appeal to the College Dean**

Date of meeting with the Dean \_\_\_\_\_

Outcome of meeting:

- Grievance was resolved.
- Grievance was not resolved.

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5B. Student Decision:** (if grievance was not resolved after appeal to the Dean):

- The student accepts the original grade given.
- The student wishes to file an appeal to the VPAA (*original forwarded to VPAA*).

**The student acknowledges receipt of signed and dated copy of this document showing the student's decision.**

_____	_____
Student Signature	Date signed
_____	_____
Dean Signature	Date signed

**6A. Result of Appeal to the Vice-President of Academic Affairs**

Refer appeal to Grievance Committee

Yes \_\_\_ (if yes, see 6B)

No \_\_\_ (if no, see 6C)

**6B. Results of Appeal to Grievance Committee**

Date of meeting of Grievance Committee \_\_\_\_\_

Recommendation of Grievance Committee to VPAA

\_\_\_\_\_ Original grade of instructor should be upheld.

\_\_\_\_\_ Modification(s) to original grade of instructor should be made.

Suggested modification(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature: Chair of Grievance Committee

\_\_\_\_\_  
Date signed

**6C. VPAA Decision:**

\_\_\_\_\_ Original grade of instructor is upheld.

\_\_\_\_\_ Grade is changed from \_\_\_\_\_ to \_\_\_\_\_ (*forward grade change to registrar*).

\_\_\_\_\_  
Signature: Vice-President of Academic Affairs

\_\_\_\_\_  
Date signed

Date written notification of decision sent to student, instructor, department chair, and dean:

\_\_\_\_\_  
(attach copy of written notification)