

**CUMBERLAND UNIVERSITY  
GRADE APPEAL FORM**

**IMPORTANT:** This form is to be used only if you have been unsuccessful in informally resolving your grade appeal with your course instructor. The Grade Appeal Form, along with written reasons stating why you are appealing the grade, must be submitted **in advance of meeting with** the School Dean (or designee). Appeals should be initiated by completing this form within **ten (10)** business days of the grade's release.

**PART I**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_  
e-mail Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Home Phone #

**I am appealing:**

\_\_\_ Midterm Test/Exam

\_\_\_ Final Course Grade

\_\_\_ Final Exam

\_\_\_ Other (please identify)

**Academic Semester** (check one): \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

Year: \_\_\_\_\_

Academic School: \_\_\_ Labry School of Science, Business, and Technology

\_\_\_ Jeannette Rudy School of Nursing and Health Professions

\_\_\_ School of Humanities, Education, and the Arts

\_\_\_\_\_  
Program

\_\_\_\_\_  
Course

\_\_\_\_\_  
Course #

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Grade Received

- **CONFIDENTIALITY:** Throughout the dispute resolution process, information collected remains confidential with the following exceptions:
  - when disclosure is required to investigate and/or resolve a complaint under this Appeal
  - when disclosure of information or the giving of evidence is required by law
  
- **STUDENTS MUST ATTACH ALL RELEVANT DOCUMENTATION, AND RETAIN THEIR OWN PHOTOCOPIES OF ALL DOCUMENTATION SUBMITTED.**

*I further understand that it is my responsibility to initiate this Grade Appeal process and have done so by meeting with the course instructor, completing **Part I** of this form and attaching all relevant documentation, **Part II**. I am requesting that this form with attached documentation be forwarded to the Vice President for Academic Affairs (or designee).*

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**Student Signature**

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**Date**

## **PART II**

You **must** submit the following:

- Written reasons for why you seek a grade appeal. Please keep all comments professional without the inclusion of emotions, feelings and bias. Your letter provides the reasons for appealing your grade, and must be related to the grounds for appeal only. Your appeal letter must also specify the outcome that you are seeking from the appeal. Outcomes may include:
  - Resubmission of project or assignment
  - Rewriting of test or examination
  - Remarking of assignment, test or examination
  - Repeating the course
  - Removing a grade from your transcript
  - Changing your grade
- Copy of your course outline/syllabus and any other documents that specifically relate to your appeal, such as tests, exams, assignments, reports and papers.
- Names of any witnesses and their contact information who may be relevant in supporting your appeal.

**PART III**

**Review of Grade Appeal by School Dean (or designee)**

**NOTE:** A decision will be rendered within ten (10) working days following receipt of Part I and Part II from the student.

<b>Document Description</b>	<b>Submitted by Student/Teacher</b>	<b>Date</b>

**School Dean's (or designee) Decision:**

Appeal Approved  
 Appeal Denied

**Reason(s):**

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**Meeting Date:** \_\_\_\_\_

\_\_\_\_\_  
School Dean's (or designee) Signature

\_\_\_\_\_  
Date

*My signature below is witness that I have received the decision on my grade appeal rendered by the School Dean (or designee).*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**PART IV (Appealing the decision rendered by the School Dean/designee)**

*I am requesting that all grade appeal forms with attached documentation be forwarded to the Vice President of Academic Affairs (or designee).*

**Review of Grade Appeal by Vice President for Academic Affairs (or designee)**

**NOTE:** A decision will be rendered within ten (10) working days following receipt of Part I and Part II from the student.

Document Description	Submitted by Student/Teacher	Date

**Vice President for Academic Affairs' (or designee) Decision:**

\_\_\_\_\_ Appeal Approved  
\_\_\_\_\_ Appeal Denied

**Reason(s):**

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**Meeting Date:** \_\_\_\_\_

\_\_\_\_\_  
Vice President for Academic Affairs  
(or designee) Signature

\_\_\_\_\_  
Date

*My signature below is witness that I have received the decision on my grade appeal rendered by the Vice President for Academic Affairs (or designee).*

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

\_\_\_\_\_  
Date

