



## Grade Appeal Form

Student ID	Student Name
Mobile	AURAK Email

Term:  Fall 20\_\_       Spring 20\_       Summer 20\_

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

Please pick one of the following :

- There was an error or unfairness in the assessment of the exam grade
- There was an error or unfairness in the evaluation process of the course.

**Please state the exact reason for the appeal:**

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SUBMIT THIS FORM TO THE PROVOST'S OFFICE AFTER COMPLETION.

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

Department of Registrar