

Grade/Evaluative Action Appeals Form

This form must be completed by the student and submitted to the course instructor within four (4) weeks of the beginning of the semester immediately following the semester in which the grade/evaluative action was received.

Name:						Date:
Address:						
Phone:						
Email:					-	
Student ID:					-	
			_		o/ovoluotivo o	ction was assigned.
Course for wh	ich you	ı belie	ve an im	proper grad	c/cvaluative a	ction was assigned.
Course:				proper grad		
Course: Prefix a	and Nur	nber	Section	Title		
Course for wh Course: Prefix a Grade/Evaluat	and Num	nber eived:	Section	Title		
Course: Prefix a Grade/Evaluat nstructor:	and Num	nber eived:	Section	Title		Other:
Course: Prefix a Grade/Evaluat	and Num ion Reco	nber eived: Fall	Section	Title		

and to attempt to clear up any misunderstandings or disagreements. Please sign your name to certify you have taken this action to resolve the appeal:

Name

Please explain why you believe you have received an improper grade/evaluative action. Your explanation must include all necessary documentation and evidence to support the grade/evaluative action appeal. Note: no additional documentation may be submitted beyond this step. Please feel free to attach additional documentation to this form.

If, after receiving a reply to this Appeal Form and accompanying documentation, the student is not satisfied with the resolution, the student must make a <u>written</u> request to the instructor involved to submit this Appeal Form and accompanying documentation to the departmental chairperson/program director. This written request must occur within one (1) week of receiving the instructor's decision. The instructor will then forward the Appeal Form and all accompanying documentation to the chairperson/program director of the program. Please refer to Eastern University's Catalog for further details about the Grade/Evaluative Action Appeals Procedure.