FINAL GRADE APPEAL – PROCEDURAL APPEAL
Attachment B

Must be filed with two (2) business days of receipt of decision of final grade appeal with the Associate Academic Dean for Education Support Services and Student Affairs.

UNDERGRADUATE STUDIES

- Traditional BSN
- Second Degree BSN
- RN to BSN

GRADUATE STUDIES

- Nurse Practitioner
- Administration
- Leadership

My signature below certifies that all information provided herein is accurate and complete.

Printed Name __________________________ Date __________________________

Signature __________________________ R# __________________________

NOTE: You will be notified by certified mail, at the address listed below, of the outcome of each decision point in the process. It is your responsibility to maintain adherence to the timeframe as stated in the Student Handbook.

Current Address: __________________________________________________________

Telephone Number (xxx-xxx-xxxx) __________________________

Date of Final Grade Receipt __________________________

GRADE APPEAL

Course Number In Which Grade Is Being Appealed: __________________________

Credit Hours: __________________________ Grade Received: __________________________ Grade Expected: __________________________

Name of Faculty Responsible For Disputed Grade: __________________________

Name of Course Director (If Different From Faculty Responsible For Disputed Grade): __________________________

For Office Use Only

Date Received: __________________________

Office of Student Affairs