

Barcode label  
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## APPEAL OF GRADE



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A student who wishes to appeal a faculty decision on a final grade must submit a grade appeal form. Appeals must be received within 30 class days after the beginning of the next regular semester. By submitting a grade appeal, the student acknowledges that no additional mechanisms exist within the university for the review of the grade, and that the university's administration can not influence or affect the outcome of the review. A copy of the full procedure can be obtained online on the Registrar's Office website at [www.uaf.edu/reg/](http://www.uaf.edu/reg/) or through the Registrar's Office, the vice chancellor of student and enrollment services, the [Academic Advising Center](#) or any community campus office.

### INSTRUCTIONS:

- Complete the information requested below.
- On a separate sheet or on the back of this form, explain what you wish to appeal, why you are appealing and how you have attempted to resolve the issue. If possible, propose solutions and compromises.
- Submit this (with attachments) to the head of the department in which the course is offered.
- Provide a complete copy to the dean of the college or school in which the course is offered as appropriate

### PLEASE PRINT

\_\_\_\_\_  
 (Last) (First) (Middle) (UA ID)

### CURRENT MAILING ADDRESS:

\_\_\_\_\_  
 Street & No. or PO Box

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 E-Mail Address

### PHONE NUMBERS:

\_\_\_\_\_  
 Day

\_\_\_\_\_  
 Evening

\_\_\_\_\_  
 Cell

### THIS APPEAL OF GRADE IS REQUESTED FOR:

DEPARTMENT	COURSE #	SECTION #	INSTRUCTOR'S NAME

### PLEASE READ:

I have contacted the instructor (and department head and dean, if necessary) to determine if an error was made in the determination and/or recording of the grade for this course. I have been advised by the appropriate individual that no error occurred and, as such, hereby request an appeal of grade.

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

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Imaged? Y N	To SES? Y N
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