

Grade Appeal Request Form

To be completed by the student:	
Student Name:	Student ID #
IBU Email:	Phone #:
Program:	
Last Semester Attended:	
Student Status: () Domestic () International	

Grounds for Appeal *(Please note that this appeal should be accompanied by the supporting documentation).*

Please select all that apply:

- A clerical error has resulted in a miscalculation of the grade.
- The grade awarded does not reflect fairly on my academic performance and/or the stated requirements for the course.
- I have contacted my instructor and I am not satisfied with the resolution.

Date of meeting with instructor _____

- I have attempted to contact my instructor and I have not received a response.

Date instructor contacted: _____

- Other (please specify):

Student Signature:.....

Date:.....

For Office Use Only:

Student Support Office:

Request Forwarded On (DD/MM/YY): _____

Signature: _____

Date: _____

To be completed by the Faculty/Instructor (*Please include details about evaluation methods and attach any supporting documents*)

Comment on the Appeal:

Original grade to be changed

Revised Grade: _____

Original grade to be upheld

Name of Faculty/Instructor _____

Signature: _____

Date: _____

To be Completed by the Dean's Office

Final Remarks/Decision: _____

Original grade to be changed

Revised Grade: _____

Original grade to be upheld

Name: _____

Signature: _____

Date: _____