

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	

Course Name the appeal is being made for:

Name of the instructor of the course:.....

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:

Enrolment 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
- Original grade to be upheld

Revised Grade: _____

Name of Faculty/Instructor: _____

Signature: _____

Date: _____

To be Completed by the Dean's Office

Final Remarks/Decision: _____

- Original grade to be changed
 Original grade to be upheld

Revised Grade: _____

Name: _____

Signature: _____

Date: _____