CUMBERLAND UNIVERSITY
GRADE APPEAL FORM

IMPORTANT: This form is to be used only if you have been unsuccessful in informally resolving your grade appeal with your course instructor. The Grade Appeal Form, along with written reasons stating why you are appealing the grade, must be submitted in advance of meeting with the School Dean (or designee). Appeals should be initiated by completing this form within ten (10) business days of the grade’s release.

PART I

_________________________________________ ___________________________ _________________
Last Name   First Name    Middle Initial

___________________________________________________ _____________________
Home Mailing Address

e-mail Address    Cell Phone #

________________________________________
Home Phone #

I am appealing:
___ Midterm Test/Exam   ___ Final Course Grade
___ Final Exam    ___ Other (please identify)

Academic Semester (check one): ___ Fall   ___ Spring    ___ Summer

Year:_________________________

Academic School: ___Labry School of Business and Technology
                  ___Jeannette Rudy School of Nursing
                  ___School of Education and Public Service
                  ___School of Liberal Arts and Sciences
                  ___School of Music and Arts

Program __________________ Course __________________ Course #

Instructor ___________________________________ Grade Received
CONFIDENTIALITY: Throughout the dispute resolution process, information collected remains confidential with the following exceptions:
- when disclosure is required to investigate and/or resolve a complaint under this Appeal
- when disclosure of information or the giving of evidence is required by law

STUDENTS MUST ATTACH ALL RELEVANT DOCUMENTATION, AND RETAIN THEIR OWN PHOTOCOPIES OF ALL DOCUMENTATION SUBMITTED.

I further understand that it is my responsibility to initiate this Grade Appeal process and that I have done so by meeting with the course instructor, completing Part I of this form and attaching all relevant documentation for Part II. I am requesting that this form with attached documentation be forwarded to the School Dean(or designee).

___________________________________________________________________________  __________________________
Student Signature                                                      Date

PART II

You must submit the following:

- Written reasons for why you seek a grade appeal. Please keep all comments professional without the inclusion of emotions, feelings and bias. Your letter provides the reasons for appealing your grade, and must be related to the grounds for appeal only. Your appeal letter must also specify the outcome that you are seeking from the appeal. Outcomes may include:
  - Resubmission of project or assignment
  - Rewriting of test or examination
  - Remarketing of assignment, test or examination
  - Repeating the course
  - Removing a grade from your transcript
  - Changing your grade

- Copy of your course outline/syllabus and any other documents that specifically relate to your appeal, such as tests, exams, assignments, reports and papers.

- Names of any witnesses and their contact information who may be relevant in supporting your appeal.
PART III

Review of Grade Appeal by School Dean (or designee)

NOTE: A decision will be rendered within ten (10) working days following receipt of Part I and Part II from the student.

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<th>Document Description</th>
<th>Submitted by Student/Teacher</th>
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School Dean’s (or designee) Decision:

___ Appeal Approved

___ Appeal Denied

Reason(s):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

School Dean’s (or designee) Signature ___________________________ Date ____________

My signature below is witness that I have received the decision on my grade appeal rendered by the School Dean (or designee).

____________________________________________________________________________________

Student Signature ___________________________ Date ____________

Witness Signature ___________________________ Date ____________

(faculty member other than course instructor)
PART IV (Appealing the decision rendered by the School Dean/designee)
I am requesting that all grade appeal forms with attached documentation be forwarded to the Vice President of Academic Affairs (or designee).

__________________________________________________________
Student Signature Date

Review of Grade Appeal by Vice President for Academic Affairs (or designee)

NOTE: A decision will be rendered within ten (10) working days following receipt of Part I, II and Part III from the student.

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Vice President for Academic Affairs’ (or designee) Decision:

___Appeal Approved

___Appeal Denied

Reason(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

__________________________________________________________
Vice President for Academic Affairs (or designee) Signature Date

My signature below is witness that I have received the decision on my grade appeal rendered by the Vice President for Academic Affairs (or designee).

__________________________________________________________
Student Signature Date

__________________________________________________________
Witness Signature (faculty member other than course instructor) Date
PART V (Appealing the decision rendered by the Vice President for Academic Affairs/designee)

I am requesting that this form with attached documentation be forwarded to the University President (or designee).

Student Signature ___________________________ Date ___________________________

Review of Grade Appeal by the University President (or designee)

NOTE: A decision will be rendered within ten (10) working days following receipt of Part I, II, III and Part IV from the student. DECISIONS OF THE PRESIDENT ON APPEALS ARE FINAL AND NOT SUBJECT TO FURTHER APPEAL.

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President’s (or designee) Decision: 

Appeal Approved
Appeal Denied

Reason(s):

___________________________________________________

___________________________________________________

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___________________________________________________

___________________________________________________

___________________________________________________

President (or designee) Signature ___________________________ Date ___________________________

My signature below is witness that I have received the decision on my grade appeal rendered by the University President (or designee).

Student Signature ___________________________ Date ___________________________

Witness Signature ___________________________ Date ___________________________

(faculty member other than course instructor)