Grade Appeal Form*

Student No. ________________________ Program ________________________________

Name of Course ___________________________ Instructor’s Name __________________

Course Number __________________________ Course Number __________________________

Year __________________ Semester ___________ Grade ___________________________

Reason for appeal request ______________________________________________________

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I am fully knowledgeable of the regulation that the re-examination of the exam or paper may result in an identical or lower grade, and that the last grade received is final.

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TO BE COMPLETED BY THE PEDAGOGICAL COMMITTEE

Date ________________________________

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TO BE COMPLETED BY THE INSTRUCTOR

☐ Grade remains unchanged

☐ Grade raised to _____________

☐ Grade lowered to _____________

Instructor’s signature ____________________________ Date _____________

* Regulation on grade appeal in Faculty Handbook