DICKINSON STATE UNIVERSITY

# FORMAL GRADE APPEAL APPLICATION FORM

Having completed the informal grade appeal process by first discussing the matter with the instructor and then requesting written resolution from the School Dean, I am **not** satisfied with the response, therefore, I, _____, EMPL#_____, PHONE# _____, hereby request through this signed form that a **formal appeal** process through a review committee be commenced by the Provost on my behalf for the purpose of reviewing and re-evaluating the grade that I received in:

- Name of course: _____
- Semester in which course was taken: _____
- Name of instructor: _____
- The grade that I received was a/an: _____
- I believe that I should have received the following grade in this course:_____

I believe the grade that I received is incorrect and/or unfair for the following reasons:
***(BE SPECIFIC)*** **(*Note: Feel free to attach other supporting documents to this grade appeal form.)***

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Date: _____ Signature of Student: _____

Date: _____

_____

Signature of Provost