

## **GRADE APPEAL FORM**

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**Purpose:** This form serves the purpose of filing a grade appeal. Students have the right to appeal their final grade in a course if they believe their grades reflect a capricious, arbitrary, or prejudiced academic evaluation, or reflect discrimination based on race, sex, age, handicap, veteran status, religion or creed, sexual orientation, color, or national origin. The posted grade shall remain in effect until the appeal procedure is completed.

**Procedure:** A final grade appeal request from a student will be considered only within 5 days following the conclusion of the course. The following procedure will be used to handle the appeal:

• Step 1. The student shall obtain a grade appeal form from the Registrar's Office. Once the form is completed, student will submit the appeal via email directly to his/her instructor within five (5) days after the grade is posted and copy Registrar. If the student is not satisfied with the decision, he/she should proceed immediately to Step 2.

• Step 2. The student shall contact their Academic Dean to appeal his/her final grade for by submitting the appeal along with the instructors reply via email and copy Registrar. The Academic Dean will render a decision within five (5) days. If the student is not satisfied with this decision, he/she should proceed immediately to Step 3.

• Step 3. The student shall contact the Provost for further review of the appeal request. The Provost will notify the student of a decision within five (5) days.) The decision of the Provost is final.

Last Name:	Firs	t Name:
E-Mail Address:		
Class Name & Code:		
Name of Professor:		
Month Class was		
taken:	· · · · · ·	

**Provide an explanation of any previous attempts to resolve this issue**. This explanation should include, but is not limited to, any conversations or correspondence you had with your professor. Please also include all the dates that these attempts were made. (Please attached copies of any written or electronic correspondence that is referenced in this Section).

## STUDENT INFORMATION

**State the reason(s) for your appeal**. This Section must include a statement detailing why you contend that the assigned grade in the course described above was not merited. Your statement should explain in detail why you believe that the assignment of this grade violates the standards described in the section of the current Schiller International University Catalog titled "FINAL GRADE APPEALS". (Please attach any supporting documentation). Only the issue directly stated in the appeal is subject to review.

I have read and fully understand the section of the current Schiller International University Catalog entitled "FINAL GRADE APPEALS". Pursuant to the FINAL GRADE APPEALS process, I appealed my grade directly to the above-named Professor within five (5) days of it being posted and submitted the below. I have informed the Registrar of my intent to appeal my final grade in the above stated course and prepared the documentation below. Upon completion, this form and all supporting evidence will be attached and sent via email to the professor of the course in which this grade appeal is being requested.

Signature:

Date:

## ADMINISTRATIVE USE ONLY COURSE PROFESSOR

Having read and reviewed the above-named student's Appeal, and conducted a review of all appropriate records regarding the Assigned grade, I take the following position:

\_ I agree that the grade should be change in accordance with the student's request.

I do not agree that the grade should be changed and state the following in support of this position:

Professor Name\_\_\_\_

Professor Signature\_\_\_\_\_