

Grade Appeal Form 1-Request for Meeting with Instructor

Instructions: Student must complete this form to appeal the final grade of a course pursuant to **Academic Policy FPU-5.0071AP Student Grade Appeals**. This form must be received by the University Registrar on or before October 1, if the grade was awarded in the immediately preceding spring or summer semester, or on or before February 1, if the grade was awarded in the immediately preceding fall semester or the grade appeal will be denied.

STUDENT TO COMPLETE

Student Name		Student UID Number	
Address City, State, Zip			
Phone Number		Email Address @floridapoly.edu	

COURSE INFORMATION

Course Number and Section	Semester & Year	Instructor's Name
Course Name		

GRADE DISPUTE INFORMATION

I believe the following condition(s) apply to the grade I was awarded in the course above:

There was a computation or recording error in grading

Non-academic criteria were applied in the grading process

There was a gross violation of the grading statement in the Instructor's course syllabus

Provide information to support your grade appeal. (Describe the grade dispute in detail; be as specific as possible, including a proposed resolution, using additional pages if necessary. Attach any documentation that will help to describe and substantiate your appeal.)

I hereby declare that the information included in this Grade Appeal Form 1 is true, correct, and complete to the best of my knowledge, and I am requesting a meeting with the instructor. I understand that any misrepresentation of information may result in disciplinary action as stipulated in the Student Code of Conduct.

Student's Signature
Date
Student must submit the completed and signed form to the University Registrar via email to Registrar@floridapoly.edu

INSTRUCTOR TO COMPLETE

Date of Meeting with Student: ____/____/____

Decision: Grade remains as awarded **-OR-** Grade is changed to: _____ (if approved by Vice Provost)

Instructor's comments, if any: _____

Instructor's Signature
Date
Instructor must send completed form to the University Registrar via email to Registrar@floridapoly.edu

VICE PROVOST TO COMPLETE (Only if Grade is Changed)

Decision: I approve **OR** I do not approve the change in grade indicated by the Instructor above.

Vice Provost's Signature
Date
Vice Provost must send completed form to the University Registrar via email to Registrar@floridapoly.edu

REGISTRAR TO COMPLETE

Date *Grade Appeal Form 1- Request for Meeting with Instructor* first received from Student: _____

Decision: Was request timely? Yes **-OR-** No, therefore appeal is denied

Grade Appeal Form 1 with decision sent to student on: _____

Registrar's Signature
Date