

Grade Appeal Form 2-Request for Conference

Instructions: Student must complete this form if the student was unable to satisfactorily resolve the grade appeal by meeting with the instructor as provided in Step 1 of FPU-5.0071AP Student Grade Appeals. This form must be received by the University Registrar on or before November 1, if the grade was awarded in the immediately preceding spring or summer semester, or on or before March 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 new information not included on Grade Appeal Form 1 that supports your grade appeal.

I timely submitted a *Grade Appeal Form 1-Request for Meeting with Instructor* and:

- I met with the instructor on ___/___/___ **OR** the instructor refused to or was unable to meet with me

I hereby declare that the information included in this Grade Appeal Form 2 is true, correct, and complete to the best of my knowledge, and I am requesting a conference with the Academic Program Coordinator. I understand that any misrepresentation of information may result in disciplinary actions 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

ACADEMIC PROGRAM COORDINATOR TO COMPLETE

a. Decision: The Grade Appeal is Without Merit and the grade remains as decided in Step 1- **OR**-

b. Conference was held with Student on: ___/___/___

Summary of Findings: _____

Decision: Grade remains as decided in Step 1 **OR** Recommend grade be changed to: _____

Academic Program Coordinator's Signature

Date

Academic Program Coordinator must send the completed and signed form to the University Registrar via email to Registrar@floridapoly.edu

PROVOST TO COMPLETE (Only if Grade is Changed)

I approve **OR** I do not approve the change in grade recommended by the Academic Program Coordinator above.

Provost's Signature

Date

Provost must send completed form to the University Registrar via email to Registrar@floridapoly.edu

REGISTRAR TO COMPLETE

Date *Grade Appeal Form 2- Request for Conference* first received from Student: _____

Was request timely? Yes **OR** No, therefore appeal is denied. Grade Appeal Form 2 with decision sent to student on: _____

Registrar's Signature

Date