

Grade Appeal Form 3-Appeal to the Vice Provost

Instructions: Student must complete this form if the student was unable to satisfactorily resolve the grade appeal in the conference as provided in Step 2 of **FPU-5.0071AP Student Grade Appeals**. This form must be received by the University Registrar within five (5) business days of the date the Registrar sent the student the decision related to the Step 2 Request for Conference Form or the grade appeal will be denied.

STUDENT TO COMPLETE		
Student Name	Student UID Number	
Address City, State, Zip		
Phone Number	Email Address @FLPOLY.ORG	
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:		
<input type="checkbox"/> There was a computation or recording error in grading <input type="checkbox"/> Non-academic criteria were applied in the grading process <input type="checkbox"/> There was a gross violation of the grading statement in the Instructor's course syllabus		
Provide any new information not previously included on your Grade Appeal Forms that supports your grade appeal.		
I hereby declare that the information included in this Grade Appeal Form 3 is true, correct, and complete to the best of my knowledge, and I am requesting a review of my grade appeal by the Vice Provost. I understand that any misrepresentation of information may result in disciplinary action as stipulated in the Student Code of Conduct.		
_____ Student's Signature	_____ Date	
<i>Student must submit the completed and signed form to the University Registrar via email to Registrar@FLPoly.org</i>		
STUDENT ACADEMIC APPEALS COMMITTEE TO COMPLETE (if convened)		
Date Student Academic Appeals Committee convened: ____/____/____		
Summary of Committee's findings: _____ _____		
Committee's Recommendation:		
<input type="checkbox"/> Grade should remain as decided in Step 2 OR <input type="checkbox"/> Grade should be changed to New Grade: _____		
_____ Student Academic Appeals Committee Member's Signature	_____ Date	
<i>Committee must email the completed form to the Vice Provost and to the University Registrar via email to Registrar@FLPoly.org</i>		
VICE PROVOST TO COMPLETE		
____ The Grade Appeal is Without Merit (therefore, no Student Academic Appeals Committee will be convened) OR		
____ Committee met and my decision is <input type="checkbox"/> Grade remains as decided in Step 2 OR <input type="checkbox"/> Grade is changed to New Grade: _____		
_____ Vice Provost's Signature	_____ Date	
<i>Vice Provost must send completed form to the University Registrar via email to Registrar@FLPoly.org</i>		
REGISTRAR TO COMPLETE		
Date <i>Grade Appeal Form 3- Appeal to the Vice Provost</i> first received from Student: _____		
Was request timely? <input type="checkbox"/> Yes OR <input type="checkbox"/> No, therefore appeal is denied.		
Date Grade Appeal Form 3 with decision sent to student: _____		
_____ Registrar's Signature	_____ Date	