**GRADE PETITION FORM **

Students wishing to dispute their semester grades have up to one month after the announcement of the grades to contact their School and complete this form. This petition is examined by the Faculty Member, the Course Coordinator, Academic Director and the Appeals Committee.

**PART I: TO BE COMPLETED BY THE STUDENT .**

Student Name: ……………………………………………………………………………………………………… Student ID: …………........………………

Programme of Study: ………………………………………………………………...……………………………………………….……...…………….…………

Telephone Number: ………..………………… Email Address: ………………………………………….……………………………………………….……

Semester (Please tick where appropriate): **□** FALL 20…... **□** SPRING 20..…. **□** SUMMER 20…...

Course Code/Title: …….………………..………………………………………………..…………………………………………………...…………….…………

Final Grade Received: …………… Faculty Member teaching the course: ……………...…………………………………………….…………

Please state your reasons for the petition:

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Student Signature: …………………….…………………………….. Date: ………………..….…….…..………...

PLEASE RETURN THIS FORM TO THE DEPARTMENT OF ACADEMIC AFFAIRS

**PART II: ACTION TAKEN BY THE FACULTY MEMBER**

Briefly describe your observations after the discussion you had with the student, sign and give to the course coordinator.

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Signature of Faculty Member: …………………………………………….………. Date: …………………………

**PART III: ACTION TAKEN BY THE COURSE COORDINATOR**

Briefly describe your observations after the discussion you had with both the student and the faculty member. Please complete and sign this form and send it to the Academic Director.

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Signature of Course Coordinator: ……………………………………….………. Date: …………………………

**PART V: ACTION TAKEN BY THE ACADEMIC DIRECTOR**

Briefly describe your observations after the discussion you had with the student, the faculty member and the Course Coordinator. Please complete and sign this form and return it to the Department of Academic Affairs.

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Signature of Academic Director ………………………………..……………………… Date ………………………

Received by: …………….………………………………….……. Date: ……………….……………..…..……….

**PART V: DECISION TAKEN BY THE APPEALS COMMITTEE**

Briefly describe your observations after the discussion you had with the student, the faculty member, the Course Coordinator and the Academic Director. Please complete and sign this form and return it to the Department of Academic Affairs.

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Signature of the chair of the Appeals Committee ………………………………..……………………… Date ………………………

Received by: …………….………………………………….……. Date: ……………….……………..…..……….

Remarks:

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