



OAKLAND UNIVERSITY WILLIAM BEAUMONT

GRADE APPEAL FORM

Student's Name: _____

Course or Clerkship: _____

Semester/Year: **Fall** **Winter** **Year:** _____

Grade awarded:

Date grade appeal filed: _____

Reasons for Appeal of Grade Awarded: *(Additional sheets may be used.)*

Instructions to student: We want to ensure our grades are assigned in a transparent, fair and consistent manner. Please state your case clearly and thoroughly. Include pertinent information and references, such as the syllabus, evaluations, examinations, and any other material you deem relevant.

Be sure to give a specific reason as to why the grade should be changed.

Student signature: _____

Date: _____



OAKLAND UNIVERSITY WILLIAM BEAUMONT

DIRECTOR'S RESPONSE TO REQUEST FOR GRADE APPEAL

Student's Name: _____

Course or Clerkship: _____

Semester/Year: **Fall** **Winter** **Year:** _____

Grade awarded:

Date grade appeal filed: _____

Instructions to director: Please consider the student's concerns, with attention to the accuracy of assessments, as well as whether the grade was assigned in a transparent, consistent and fair manner, based on faculty standards, as stated in the syllabus. Please provide your rationale for the determination made. If you and your faculty decide to change a grade, please indicate the rationale and what measures, if any, will be taken to ensure consistent and fair grading for all students in this and future courses/clerkships.

I authorize a change in grade (Please complete grade change form)

I do not authorize a change in grade

Comments:

Director's Signature: _____

Date: _____