

Reserved for a barcode

Date Received:

A. Grade Appeal Information and Procedure:

General Information of SQU Academic Regulations for Grade Appeal:

- 1- Students have the right to appeal against course grade within 30 days from the official announcement of the results.
- 2- Student shall discuss his/her grade *first* with the Instructor concerned. If the Instructor rejects to review the grade, the student shall have the right to appeal using this form, following the procedure shown below.
- 3- Students should understand that the appealed grade might change to a lower or a higher grade or remain unchanged.

Grade Appeal Procedure:

- 1- Student to fill out Sections **B**, **C**, and **D** of this form. Please print out both pages and sign the form.
- 2- Student to submit the signed form to the Assistant Dean for Undergraduate Studies (ADUS), Room # 2020.
- 3- ADUS shall forward the appeal form to the concerned Head of Department (HoD).
- 4- The Head of the Department shall form an Ad-hoc Committee to consider the appeal.
- 5- The Instructor of the course shall be one of the members of the committee.
- 6- The Instructor shall make the relevant material available to the Ad-hoc committee.
- 7- The committee shall report its recommendations to the Head of the Department in writing using this form.
- 8- Based on the report of the Ad-hoc committee, the Head of the Department shall make a decision on the appeal.
- 9- The decision of the Head of the Department shall be forwarded to the Dean through ADUS for approval. 10- Head of the Department shall inform the student about the final decision of the appeal.
- 11 Student can appeal to the Vice Chanceller (VC) against the College's decision

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B. Student Information: (student to fill)								
Student Name: Cumulative GPA:	Semester GPA:	ID/Cohort: Load Status:						
C. Course Information: (stude	nt to fill)							
Semester/year: Course Title: Course Code: Marks before Final Exam: Instructor:	Section: Current Gr	ade Letter:						
D. Reasons for Appeal: (studen	nt to fill)(please attach supporting	letter or documents if needed)						
Student Signature:		Date:						
For ADUS Office use only: (Stu	dent Receipt of Grade Appeal Reque							
Student Name: Course Code:	Section:	ID: Semester:						

Е.	Ad-Hoc Committee Members: (formed by HoD)							
S	Names:			Signature: (for the given decision)			
1.								
2.								
3.								
F. Committee Decision: (Ad-Hoc Committee to fill)								
G. Student Final Grade After Committee Decision: (HoD to fill)								
				II.	shanged \square			
	e final appealed grade is: e FINAL grade letter is:	Lower	Raised	Un	changed			
				_				
	D Signature:							
H.	Dean's Approval (Dean to)	fill)						
The	e FINAL grade is:	Approved	Denied					
Coı	nments:							
					College Stamp			
Dea	an Signature:			Date: _				

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