



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: _____