FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

ACADEMIC GRADE GRIEVANCE APPEAL FORM

		A	dvisor:			
Student name:		/IU student ID:	U student ID:			
Mailing Address:		Student Phone:				
	Email:					
Disputed Course:	(prefix)	(catalog #)	(section)	(class #)	Posted Grade	
Title:		Prof	essor:		Term:	
What is your expected	ed grade:					
A. Attempt to Resolve Did the student attempt Academic Complaint Pr Please check (√) in	to resolve the is rocedures with	the professor prior	to completing this	s form?	I FAMU Regulation 4.100 wing meetings.	
aInformed coll	lege or school c	hair, or department	head, date:	Method/Expl	anation:	
Verification by Colle						
Verification by Fact	ılty or Departm	ent Chair Signatur	2:			
cMet with disp	puted professor,	date: Me	hod/Explanation	:		
Verification by Fact	ulty or Departm	ent Chair Signatur	e:			
d Resolution?	Yes (no fu	erther action needed	l),No (form	al grievance neces	ssary, please continue)	
B. Basis for Grade Gri	evance					
1. Was the grade affect	ted by excessiv	e absences or tardie	s as described in	the "Class Attend	ance Regulations" of the	

<u>FAMU University Catalog</u> or in the class syllabus? <u>Yes</u> No Notes/Explanation:

- 2. Was there a mathematical error in how the grade was calculated? ___Yes ___ No Notes/Explanation:
- 3. Was the student's grade calculated in a manner that was inconsistent with the syllabus (in a way that was detrimental to the student)? <u>Yes</u> No Notes/Explanation:
- Were there extenuating circumstances that prohibited you from meeting a class deadline?
 No ____ Yes If "yes" answer the following questions and provide brief explanation.
 Documentation (syllabus, medical records, legal records, disputed graded exercise, etc.) must accompany this appeal.
 - a. Did the student provide the teacher with written evidence to document the event?
 - b. Did the student discuss this with the professor PRIOR to the event?
 - c. Did the student discuss this with the professor IMMEDIATELY AFTER the event?
 - d. Did the professor provide the student with accommodations?
 - e. Does the student have written evidence of the agreement?
 - f. Did the student meet the requirements of the agreement?

STUDENT COMPLETING THIS FORM

Under penalties of perjury (Fla. Stat. § 92.525), I declare that I have read the foregoing and that the facts stated in it are true.

Printed Name, Date

Signature, Date

Thank You. Please return this form electronically to the Director of Student Services.

To Be Completed by SAET Administration.

SUMMARY OF FINDINGS (Completed by Complaint Committee; attach additional sheets if necessary)

DEAN's RESPONSE

____Approve Committee's Recommendation ____Deny Committee's Recommendation _____Further consideration

Comments: