

ACADEMIC GRADE GRIEVANCE APPEAL FORM

	Advisor:	
Student name:	FAMU student	ID:
Mailing Address:	Student Phone:	
	Email:	
Disputed Course:(prefix)	(catalog #) (section) (class #	Posted Grade
Title:	Professor:	Term:
A. Attempt to Resolve		
Please check (1) in blank, provide aInformed college or school Verification by College-level Repr	the professor prior to completing this form? The specifics, and supporting documentation of the chair, or department head, date: Method The specifics, and supporting documentation of the chair, or department head, date: Method The specifics and supporting documentation of the chair, or department head, date: Method The specifics and supporting documentation of the chair, or department head, date: Method The specifics and supporting documentation of the chair, or department head, date: Method The specifics and supporting documentation of the chair, or department head, date: Method The specifics and supporting documentation of the chair, or department head, date: Method The specific and supporting documentation of the chair, or department head, date: Method The specific and supporting documentation of the chair, or department head, date: Method The specific and supporting documentation of the chair, or department head, date: Method The specific and supporting documentation of the chair, or department head, date: Method The specific and supporting documentation of the chair and supporting documentation	d/Explanation:
Verification by Faculty or Departi	ment Chair Signature:	
cMet with disputed professor	or, date: Method/Explanation:	
Verification by Faculty or Departs	ment Chair Signature:	
dYes (no f	further action needed),No (formal grievance	e necessary, please continue)
B. Basis for Grade Grievance		
Was the grade affected by excessing FAMU University Catalog or in the second control of the second contro	ve absences or tardies as described in the "Class he class syllabus?Yes No Notes/	

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)?Yes No Notes/Explanation:			
4.	Were there extenuating circumstances that prohibited you from meeting a class deadline? NoYes 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?			
ST	UDENT COMPLETING THIS FORM			
Un	der penalties of perjury (Fla. Stat. § 92.525), I declare that I have read the foregoing and that the facts stated in it are true.			
	nted 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:				
Rodner B. Wright, AIA, Dean	 Date			