Abu Dhabi University		
Grade Appeal Form	ADU-QP-RG-006-F02	Page: 1/1

Student's Name: _____**Mobile No**._____
Student's ID no: _____ Course& Sec.:_____
Semester: _____ Grade received: _____

Have you discussed the issue with your instructor? ☐ Yes ☐ No

If yes, have you seen your course work? ☐ Yes ☐ No

Reasons for the request of Grade Appeal (to be completed by the students)

Student's Signature: Date:

Review Process Initiated by the Dean

Faculty one assigned to review the case _____
Opinion Grade change justified ☐ Yes ☐ No
Justifications _____

Signature and date _____

Faculty two assigned to review the case _____
Opinion: grade change justified ☐ Yes ☐ No
Justifications _____

Signature and Date _____

Dean's Decision on the grade change ☐ Yes (*Change Grade Form attached*) ☐ No
Justifications: _____

Signature and Date:

Office of the Registrar's use only:

Grade change received and recorded ☐ Yes ☐ No by: _____
Student informed by: _____ Date: _____ Time: _____

Case closed on _____ Name and Signature _____