

**WIDENER UNIVERSITY
SCHOOL OF NURSING FINAL GRADE APPEAL**

STEP 1 Appeal to Course Faculty of Record

STEP 1 Part A *This portion is to be completed by the **student** and submitted to the course faculty of record via within 48 hours of the final grade posting*

Student Name: _____ ID# _____

Student Contact Information (email/phone): _____

Academic Program of Study: _____

Course Title: _____

Course Faculty of Record Name: _____

Grade Received: _____

Final Grade Appeal Justification

Please include a statement to address the final grade appeal. This should include:

- Describe the resolution you are seeking
- Clearly and concisely state what you are requesting
- When did you first become aware of the problem?
- What steps have you already taken to address the problem/situation?
- Identify resources or supports that may help you improve or correct the situation

Additional documentation may be attached

Student Signature: _____

Date: _____

STEP 1 Part B *This portion is to be completed by the **course faculty** of record within 1 business day of the receipt of the form from the student.*

Course Faculty of Record decision: _____ **Grade remains** _____ **Grade changed to:** _____

Associate Dean informed:

Explanation of decision:

Attach all relevant information

Course Faculty of Record Signature: _____

Date: _____

**WIDENER UNIVERSITY
SCHOOL OF NURSING FINAL GRADE APPEAL**

Step 2 Appeal to Associate Dean

STEP 2 Part A: *This portion is completed by the **student** within three days of receipt of the course faculty of record decision*

The grade decision of the course faculty of record was not resolved to my satisfaction; therefore, I appeal to the Associate Dean. I understand that the Associate Dean will submit the paperwork to the Graduate/Undergraduate Program Committee for review and decisions. The role of the Associate Dean is to trigger the process.

Only the original explanation of the circumstances and documentation will be considered.

Attach: Step 1: Appeal to the Course Faculty of Record with original explanation of circumstances and documentation

Student Signature: _____ Date: _____

STEP 2-Part B: *This portion of the form is completed by the **Associate Dean** within three days of the receipt of the Step 1 form from the student and reflects the decision of the course faculty, and the recommendation to the Graduate/Undergraduate Program Committee to provide further review.*

Comments:

Associate Dean Signature: _____ Date: _____