

**UNIVERSITY OF IOWA COLLEGE OF NURSING
GRADE APPEAL FORM**

Student Name: _____

Course Number/Name: _____

Course Instructor: _____

Grade Received: _____ Semester Taken: _____

All appeals/responses must be placed on an original sheet

Student's Appeal (attach additional sheet if necessary):

Student's Signature: _____

Date Submitted: _____

Instructor's Response (use additional sheet if necessary):

Instructor's Signature: _____

Date Submitted: _____

Associate Dean or Director Response (use additional sheet if necessary):

Associate Dean or Director's Signature: _____

Date Submitted: _____

Executive Associate Dean (use additional sheet if necessary):

Final Decision: _____ Appeal Upheld: _____ Appeal Denied: _____

Executive Associate Dean's Signature: _____

Date Submitted: _____