

This form should be used by students to submit an appeal for their Mid-Term or Final Examination grade (course work assignments cannot be appealed). Students may appeal their grades only within the time given by the committee.

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_ CUE Email Address: \_\_\_\_\_

Department: \_\_\_\_\_ Level: \_\_\_\_\_

Semester:  Fall  Spring

Attempt:  First  Second  Third  Fourth

**Appeal Details:**

Subject Name: \_\_\_\_\_ Exam Date: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

Appealing Reason:

\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appeal Decision**

Accepted

Rejected

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Exam Committee Exam Committee Member 1 Exam Committee Member 2