



OAKLAND UNIVERSITY WILLIAM BEAUMONT

**GRADE APPEAL FORM**

**Student's Name:** \_\_\_\_\_

**Course or Clerkship:** \_\_\_\_\_

**Semester/Year:**  Fall  Winter **Year:** \_\_\_\_\_

**Grade awarded:** \_\_\_\_\_

**Date grade appeal filed:** \_\_\_\_\_

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**Reasons for Appeal of Grade Awarded:** *(Additional sheets may be used.)*

Instructions to student: We want to ensure our grades are assigned in a transparent, fair and consistent manner. Please state your case clearly and thoroughly. Include pertinent information and references, such as the syllabus, evaluations, examinations, and any other material you deem relevant.

**Be sure to give a specific reason as to why the grade should be changed.**

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**Student signature:** \_\_\_\_\_

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