

Grade Appeal

Before filing this Academic Appeal Form, please read UMHB Academic Appeal Policy in its entirety in the catalog:

<https://umhb.smartcatalogiq.com/2022-2023/Undergraduate-Catalog/Academic-Standards/Academic-Appeal>

Appeals must be initiated within 10 calendar days of the date of the decision or action being appealed. Subsequent levels of appeal must be completed within 7 calendar days after receiving the appeal decision.

Student Information:

Name: _____ UMHB Email: _____
ID #: _____ Phone: _____ Major: _____

| | | |
|---|---------------------------------|-------------------|
| Course Number: _____ (e.g. NURS 2350) | Course Title: _____ | |
| Semester: _____ | Year: _____ | Instructor: _____ |
| Briefly describe the issue/decision being appealed and the change requested: (e.g. Final course grade, Unit Test 3): | | |
| _____ | | |
| _____ | | |
| Date issue or decision was made: _____ | Person who made decision: _____ | |
| Title/Position: _____ | | |

Attempts Made to Resolve the Issue: *Check the appropriate level of appeal and follow the provided instructions at each level.*

- Level 1 - Appeal to Instructor/Decision-Maker. *Email completed form to the appropriate instructor.*
- Level 2 - Appeal to the Academic Dean or Dean's designee. Date of response from initial appeal _____
Email completed form to the designated contact over the course or decision being appealed:
- | | |
|--|--|
| Humanities and Sciences - sbaldrige@umhb.edu | Education - jberry@umhb.edu |
| Exercise and Sport Science - cfoster@umhb.edu | Business - ksmith@umhb.edu |
| Visual and Performing Arts - kfouse@umhb.edu | Christian Studies - tcrawford@umhb.edu |
| Clinical Mental Health Counseling - jaustin@umhb.edu | Nursing - cemerson@umhb.edu |
| Marriage, Family and Child Counseling - wchou@umhb.edu | Physical Therapy- bgresham@umhb.edu |
| Non-clinical Professional Studies - hleonard@umhb.edu | Occupational Therapy - gkrug@umhb.edu |
| General Studies - tcrawford@umhb.edu | |

- Level 3 - Appeal to Provost or Designee. Date of the response from Dean-Level Appeal _____
Decisions from Nursing, Exercise and Sport Science and Health Professions appeal to cwilborn@umhb.edu
Decisions from all other Colleges appeal to provost@umhb.edu

In the text box below, explain the reason for the appeal and the evidence in support of the claim(s) made. Additional documentation may be attached to support your claim(s).

Signature

Date

This page for Administrative Use Only.

First Level of Appeal - Instructor: _____

Signature: _____ Date _____

Appeal Upheld Appeal Denied

Date of Response to Student (attach a copy of the response to this form) _____

A copy of this form should be returned to the student with the response to the student and to the Academic Dean identified above as the next line of appeal.

Second Level of Appeal - Dean (or designee): _____

Signature: _____ Date _____

Appeal Upheld Appeal Denied Date recorded in College Log: _____

Date of Response to Student (attach a copy of the response to this form) _____

A copy of this form should be returned to the student with the response to the student and to the Provost or Provost's Designee designated as the next line of appeal. The original should be kept by the Dean.

Final Level of Appeal - Associate Provost or Executive Dean: _____

Signature: _____ Date _____

Appeal Upheld Appeal Denied Date recorded in Log: _____

Date of Response to Student (attach a copy of the response to this form) _____

A copy of this form should be returned to the student with the response to the student and the original kept in the Provost's or Executive Dean's Office.