

## Grade Appeal

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

<https://umhb.smartcatalogiq.com/2025-2026/Undergraduate-Catalog/Academic-Standards/Academic-Appeal>

<https://umhb.smartcatalogiq.com/en/2025-2026/graduate-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):  _____  _____			
Person who made decision: _____			
Title/Position: _____		Date decision was made: _____	

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. *Email completed form to the designated contact over the course or decision being appealed. Date of response from initial appeal: \_\_\_\_\_*

Business - Dr. Andy Tiger, atiger@umhb.edu  
Christian Studies - Dr. Tim Crawford, crawford@umhb.edu  
Education - Dr. Jodi Pilgrim, jpilgrim@umhb.edu  
General Studies - Dr. Tim Crawford, tcrawford@umhb.edu  
Humanities & Sciences - Dr. Stephen Baldridge, sbaldridge@umhb.edu  
Visual Arts - Dr. Evan Campbell, ecampbell@umhb.edu  
Music - Ms. Stephanie Chambers, schambers@umhb.edu

Counseling - Dr. Ty Leonard, hleonard@umhb.edu  
Nursing - Dr. Shanna Akers, sakers@umhb.edu  
Exercise & Sport Science - Dr. Brian Brabham, bbrabham@umhb.edu  
Occupational Therapy - Dr. Giuli Krug, gkrug@umhb.edu  
Physical Therapy - Dr. Kristi Trammell, ktrammell@umhb.edu  
Physician Assistant - Dr. Wendi Stewart, wstewart@umhb.edu  
Public Health - Dr. Ariane Secrest, asecrest@umhb.edu

☐ Level 3 - Appeal to the Associate Provost. Date of the response from Dean-Level Appeal \_\_\_\_\_  
*Associate Provost - Dr. Colin Wilborn, cwilborn@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 - Provost or Associate Provost 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.*