

Abu Dhabi University



Postgraduate Grade Appeal Form

ADU-QP-RG-006-F02

Page: 1/1

Student's Name: _____ Mobile No. _____
Student's ID no: _____ Course & Sec.: _____
Semester: _____ Grade received: _____

Have you discussed the issue with your instructor? Yes No

Instructors _____
If yes, have you seen your course work? Yes No

Reasons for the request of Grade Appeal (attached supporting document is necessary)

Student's Signature: _____

Date: _____

Review Process Initiated by the Dean

Faculty one assigned to review the case _____
Opinion Grade change justified Yes No
Justifications _____

Signature and date _____

Faculty two assigned to review the case _____
Opinion: grade change justified Yes No
Justifications _____

Signature and Date _____

Dean's Decision on the grade change Yes (*Change Grade Form attached*) No
Justifications: _____

Signature and Date: _____

Office of the Registrar's use only:

Grade change received and recorded (if applicable) Yes No by: _____

Student informed by: _____ (email/ phone) Date: _____ Time: _____