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: __________________ Course Title: ___________________________
(e.g. NURS 2350)

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 - sbaldridge@umhb.edu
- Exercise and Sport Science - cfoster@umhb.edu
- Visual and Performing Arts - kfouse@umhb.edu
- Clinical Mental Health Counseling - jaustin@umhb.edu
- Marriage, Family and Child Counseling - wchou@umhb.edu
- Non-clinical Professional Studies - hleonard@umhb.edu
- General Studies - tcrawford@umhb.edu
- Education - jberry@umhb.edu
- Business - ksmith@umhb.edu
- Christian Studies - tcrawford@umhb.edu
- Nursing - cemerson@umhb.edu
- Physical Therapy - bgresham@umhb.edu
- Occupational Therapy - gkrug@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 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.*