

COLLEGE OF ARCHITECTURE, PLANNING and LANDSCAPE ARCHITECTURE

Request for Hearing re "Grade Appeal" **STUDENT** responsibility

steps 1 & 2 - discussion with Instructor & verification

I hereby certify that I have met with the Instructor and discussed my reasons for questioning my grade on _____ (insert date). We were unable to agree on an acceptable grade & I have informed him/her of my intention to proceed with the grade Appeal process

Student Signature: _____

Faculty Signature _____

Associate Dean signature _____

step 3 - written appeal

Name: _____ SID: _____

Degree Program: _____

Local Address: _____

Phone # _____ Email _____@ email.arizona.edu

Course being contested: _____ Instructor: _____

Semester course was taken: _____ # of Units: _____

Grade Awarded: _____ Grade I think I deserved: _____

Having met with the instructor, and being dissatisfied with results of that meeting, I wish to file a formal grade appeal.

I have attached a **written statement of the reasons for my request and a course syllabus**

Student Signature _____ Date _____

Original: to Instructor

Copy: to Associate Dean

COLLEGE OF ARCHITECTURE and LANDSCAPE ARCHITECTURE

Request for Hearing re "Grade Appeal" INSTRUCTOR responsibility

STUDENT: _____ date appeal letter received: _____

Course being contested: _____ Instructor: _____

Semester course was taken: _____ # of Units: _____

step 4 - INSTRUCTOR'S RESPONSE



Instructor Signature _____ Date _____

Original: to Student
Copy: to Associate Dean

COLLEGE OF ARCHITECTURE and LANDSCAPE ARCHITECTURE

Request for Hearing re "Grade Appeal" **Director's** responsibility

STUDENT: _____	date documents received _____
Course being contested: _____	Instructor: _____
Semester course was taken: _____	# of Units: _____

step 6a - DIRECTOR'S RESPONSE & RECOMMENDATION

Director Signature _____ Date _____

Original: to Student
Copies: Associate Dean; Instructor

COLLEGE OF ARCHITECTURE and LANDSCAPE ARCHITECTURE

Request for Hearing re "Grade Appeal" **Instructor's** responsibility

STUDENT: _____ date recommendation received _____
Course being contested: _____ Instructor: _____
Semester course was taken: _____ # of Units: _____

step 6b - INSTRUCTOR'S RESPONSE TO DIRECTOR'S RECOMMENDATION

Instructor Signature _____ Date _____

Original: to Student
Copies: to ASSOCIATE DEAN; to Director

COLLEGE OF ARCHITECTURE and LANDSCAPE ARCHITECTURE

Request for Hearing re "Grade Appeal" **STUDENT** responsibility

step 7 - APPEAL TO DEAN

I hereby certify that I have completed steps 1 through 6 of the U of A Grade Appeal Process

Student Signature _____

Name: _____ SID: _____

Degree Program: _____

Local Address: _____

Phone # _____ Email _____

Course being contested: _____ Instructor: _____

Semester course was taken: _____ # of Units: _____

Grade Awarded: _____ Grade I think I deserved: _____

Having negotiated with the instructor and the Director, and being dissatisfied with results of that process, I request that you assemble a committee to review my grade appeal and my work.

At the committee's request I will furnish all portions of the project under review and the names of 5 students who undertook the same project in the same semester.

Student Signature _____ Date _____

Original : _____ to Associate Dean

COLLEGE OF ARCHITECTURE and LANDSCAPE ARCHITECTURE

Request for Hearing re "Grade Appeal" DEAN's responsibility

STUDENT: _____	date packet received _____
Course being contested: _____	Instructor: _____
Semester course was taken: _____	# of Units: _____

steps 8- FORMATION OF COMMITTEE

from Architecture: _____

from related dept/College:

_____	_____
Name	affiliation

_____	_____
Name	affiliation

AIAS member: _____

AIAS member: _____

Original: to student
Copies: Associate Dean

COLLEGE OF ARCHITECTURE and LANDSCAPE ARCHITECTURE

Request for Hearing re "Grade Appeal" COMMITTEE's responsibility

STUDENT: _____	date packet received _____
Course being contested: _____	Instructor: _____
Semester course was taken: _____	# of Units: _____

steps 9- COMMITTEE'S RESPONSE

COMMITTEE MEMBERS

NAME (printed)

signature

Date _____

Date _____

Date _____

Date _____

Date _____

Original: to student

Copies: Dean; Associate Dean; Instructor

COLLEGE OF ARCHITECTURE and LANDSCAPE ARCHITECTURE

Request for Hearing re "Grade Appeal **DEAN's** responsibility

STUDENT: _____	date committee decision rec'd _____
Course being contested: _____	Instructor: _____
Semester course was taken: _____	# of Units: _____

step 10 - DEAN'S RESPONSE TO COMMITTEE RECOMMENDATION

DEAN'S Signature _____ Date _____

Original: to Student

Copies: to Associate Dean; Director; Instructor

____ CHANGE OF GRADE to be sent to Registrar by Dean's office if necessary