



APP GRADE APPEAL FORM

Date: _____

Student Name: _____ Student ID Number: _____

Name of APP course in which you are appealing the grade _____

Final grade given by your instructor _____

Yes, I have emailed and talked to my teacher about a **grade mistake**.

Date of this meeting: _____

Yes, I have seen my final exam in this course.

Grade on my final exam: _____

Grounds for appeal (please attach your original email to the instructor)

Note: You must provide evidence of a grading mistake by your teacher. (Being upset about failing the course is not enough for a grade appeal.)



AMERICAN UNIVERSITY OF IRAQ
SULAIMANI

Accepted/Denied

Reason:

Student Signature: _____ Date: _____

APP Instructor: _____

APP Deputy Director: _____

APP Director: _____