AMERICAN UNIVERSITY OF IRAQ, SULAIMANI
الجامعة الأمريكية في العراق، السليمانية | زانكۆی ئەمریکی لە عێراق، سلێمانی

Grade Appeal Form

AUIS / ACADEMIC PREPARATORY PROGRAM

Use this form to request formal review of a final course grade when you believe a specific grading or **recording error occurred.** Disagreement with a grade, without evidence of an error, is not by itself sufficient grounds for an appeal.

1 / STUDENT AND COURSE INFORMATION

Student name: _____	Student ID: _____
Date submitted: _____	AUIS email _____
APP course: _____	Instructor: _____
Term / academic year: _____	Final grade received: _____

2 / PRELIMINARY STEPS

☐ Contacted instructor about suspected error ☐ Reviewed final exam / assessment, if applicable ☐ Have not completed one or more steps

Date(s) of contact: _____	Instructor response: _____
Assessment / exam grade (if applicable): _____	Date assessment reviewed: _____

If you could not contact the instructor or review the assessment, explain why below. Confirm the current appeal deadline and eligibility requirements with the APP office before submitting.

EXPLANATION (IF APPLICABLE)

3 / GROUNDS FOR APPEAL

☐ Calculation / totaling error ☐ Grade entry / transcription error ☐ Stated criteria or rubric applied inconsistently ☐ Assessment or score missing from final grade ☐ Other specific, evidence-based error: _____

EXPLAIN THE SPECIFIC ERROR AND SUPPORTING EVIDENCE

Identify the assignment, exam, question or item; explain the calculation or stated criterion; and refer to attached evidence.

REQUESTED CORRECTION OR REMEDY

4 / ATTACHMENTS AND ACKNOWLEDGMENT

☐ Email to instructor ☐ Graded work / rubric ☐ Grade calculation or score evidence ☐ Other: _____

I confirm that the information provided is accurate to the best of my knowledge and that I have attached the supporting evidence available to me.

Student signature: _____	Date: _____

APP INTERNAL USE ONLY — REVIEW AND FOLLOW-UP

Received by / date: _____	Appeal reference: _____
APP Instructor recommendation: ☐ Uphold grade ☐ Correct grade ☐ Further review	Date: _____
APP Director decision: ☐ Approved ☐ Denied ☐ More information needed	Date: _____