



Grade Appeal Petition

To be completed by the student submitting the appeal. Student must e-mail form to the Director of Undergraduate Medical Education (jamie.daughton@utoledo.edu).

Student Name: _____	Date of Submission: _____
Course: _____	
Reason for appeal: Clerical, mathematical, or technical error Discrimination, personal bias, or malice	
Elaborate on your reason for appeal (500 characters max): 	

Student Signature: _____

To be completed by Course Director

Appeal Granted: Grade changed from _____ to _____	Appeal Denied:
Written report/paragraph from Course Director addressing decision on appeal and the process used to make the determination: 	

Course Director Signature: _____

Date student notified: _____