

**UMKC SCHOOL OF NURSING AND HEALTH STUDIES  
GRADE APPEAL FORM – ALL PROGRAMS**

Student Name: \_\_\_\_\_ Course Number/Name: \_\_\_\_\_

Course Instructor: \_\_\_\_\_ Grade Received: \_\_\_\_\_ Semester Taken: \_\_\_\_\_

**All appeals/responses must be placed on an original sheet**

**Step #1: Student's Appeal** (attach additional sheet if necessary):

Student's Signature \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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**Step #2: Instructor's Response** (use additional sheet if necessary):

Instructor's Signature \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Comments:

**Step #3: Program Director's Response** (use additional sheet if necessary):

Director's Signature \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Comments:

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**Step #4: Associate Dean’s Response (use additional sheet if necessary):**

Associate Dean’s Signature \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Comments:

**Step #5: Student Affairs Committee’s Response (use additional sheet if necessary):**

Student Affairs Committee Chair’s Signature \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Comments:

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**Step #6: Dean’s Response (insert below):**

Dean’s Signature \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Comments:

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*If the matter is not resolved within the School of Nursing and Health Studies, the student may appeal to the provost or designated representative electronically to the UMKC Grade Appeals mailbox ([gradeappeals@umkc.edu](mailto:gradeappeals@umkc.edu)). . This appeal must be made within 10 consecutive calendar days after notification of the decision of the dean.*