



Office of the Registrar

Grade Appeal Form

Student should complete boxes 1 – 2 and submit to the Program Director

Student: _____ Course: _____ Date: _____
Original grade issued which is being appealed: _____ Final/Interim: _____ Grade issued by: _____

Please state concisely the basis for your appeal and request for grade review:

For Program Director use:

Resolution — Please indicate meetings/calls with student and/or faculty concerned, your decision regarding the appeal and means of communicating the decision to the student. Return this completed form to the wusmregistrar@wustl.edu:

Signature/Date: _____