Methodist College
UnityPoint Health

# FINAL GRADE GRIEVANCE FORM

**Name**: _____

**Date:** _____

**Course Grieved**:_____

**Semester**:_____ **Grade Received**:_____

**Faculty Name**: _____

**Course Coordinator**: _____

**Summary of Grievance**:

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**Dean**: _____

**Resolution**: _____

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Student's Name:_____ Semester:_____

**Outcome of Ad Hoc Decision**:_____

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**Date:**_____

**Ad Hoc Committee Members**:_____

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**Outcome of President's Decision**:_____

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President's Signature:_____

Date:_____