University of Iowa College of Pharmacy – Course Grade Appeal Form

This form should be completed and submitted to the course coordinator along with required narrative and evidence
Please refer to the PharmD Grade Reconsideration and Appeal Policy for full details.

Student Submission			
Student Name		**Course Type**	□ Didactic □ Experiential
PHAR Course Number		**Course Coordinator**	
Course Title			
Grade Received		**Date of Grade Notification**	
Basis for Grade Appeal *(Check all that apply)*		**Method of Notification**	□ MyUI □ E-mail □ Other: _____

□ The final grade was miscalculated when compared to the pre-established course grading criteria

□ The final grade was assigned in an arbitrary or capricious fashion.
"Arbitrary and capricious grading" means grading on a basis other than performance or by unreasonable standards different from those applied to other students.

Required Narrative & Evidence

1) **A document outlining a clear explanation of your appeal must be attached to this form.**
The narrative portion of the appeal ***must not exceed 500 words*** and should clearly state the basis for the appeal, including the specific grading decision being challenged and the relevant course policy or criteria. Submissions exceeding this limit may not be considered.

2) **All supporting documentation relevant to the grade appeal must be attached at the time of submission.**
All documentation will be considered as part of the official appeal record. No new evidence may be introduced at subsequent stages unless it was unavailable at the time of the original submission.

Attachments *(list and expand as necessary)*

1.

2.

3.

Student Attestation/Signature:

By submitting this grade appeal, I attest that all pertinent elements reflect my own work and comply with policy requirements. I also understand that reviewers may access all materials or records needed for the limited purpose of the review.

Student Signature: _____

College of Pharmacy Reviewer Use Only			
Review by Course Coordinator			
Date Received from Student		**Reviewer Name**	
Appeal Basis	□ Acknowledged □ No Basis for Appeal	**Decision** **(if basis acknowledged)**	□ Approved (Grade Change) Change to _____ □ Denied (Grade Remains)
Comments:			
Date Returned to Student:			

If the appeal is denied, the student may escalate to the next review level within five (5) business days.

Review by Director, Professional Experience Program (if applicable)			
Date Received from Student		**Reviewer Name**	
Decision *(Should only proceed if basis acknowledged by coordinator)*	□ Uphold coordinator's decision (Deny request – Grade Remains) □ Approved (Grade Change) Change to _____		
Comments:			
Date Returned to Student:			

If the appeal is denied, the student may escalate to the next review level within five (5) business days.

Review by Department Executive Office (DEO)/Department Chair of Coordinator			
Date Received from Student		**Reviewer Name**	
Decision *(Should only proceed if basis acknowledged by coordinator)*	□ Uphold coordinator's decision (Deny request – Grade Remains) □ Approved (Grade Change) Change to _____		
Comments:			
Date Returned to Student:			

If the appeal is denied, the student may escalate to the next review level within five (5) business days.

Review by Associate Dean of Academic Affairs			
Date Received from Student		**Reviewer Name**	
Decision	□ Uphold coordinator's decision (Deny request – Grade Remains) □ Approved (Grade Change) Change to _____		
Comments:			
Date Returned to Student:			

If the appeal is denied, the student may escalate to the next review level within five (5) business days.

Review by Dean, College of Pharmacy			
Date Received from Student		**Reviewer Name**	
Decision	□ Uphold coordinator's decision (Deny request – Grade Remains) □ Approved (Grade Change) Change to _____		
Comments:			
Date Returned to Student:			