

**INSTRUCTIONS**

1. Provide a copy of the Fact Finding Summary to the student and to the faculty member. The student and faculty member should sign Part A to acknowledge receipt of the Fact Finding Summary. (The student and faculty member need not sign at the same time.)
2. After the student signs Part A, provide a copy of the signed form to the student.
3. After the faculty member signs Part A, provide a copy of the signed form to the faculty member.

**Eastern Illinois University  
Grade Appeal Policy**

**FORM 4**

**Receipt of the Fact Finding Summary and Request for Review by the Dean**

**Part A. Receipt of the Fact Finding Summary by the University Grade Appeal Committee**

I hereby acknowledge receipt of the Fact Finding Summary by the University Grade Appeal Committee.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date of Signature

**TO THE STUDENT AND FACULTY MEMBER:** You may request review by the dean only by completing and signing Part B. Request for Review by the Dean (below). You must return the signed copy of Part B. to the Dean's Office ***within five (5) working days of the date that you signed Part A.***

If you do not sign and return Part B. within five working days, the grade appeal process automatically terminates and the decision of the University Grade Appeal Committee becomes final.

**Part B. Request for Review by the Dean**

\_\_\_\_\_ **I hereby request review by the dean.** After reviewing the Fact Finding Summary by the University Grade Appeal Committee, I request the dean to review the appeal solely for the purpose of determining whether the committee failed to follow appropriate procedures, as described on the attached. I understand that my signature below authorizes the dean to initiate the review and to review all documents used as part of the grade appeal process.

***Attach a brief description of the specific procedures of concern and why they are of concern.***

\_\_\_\_\_  
Student Signature (for student decisions only)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Faculty Signature (for faculty decisions only)

\_\_\_\_\_  
Date of Signature

**Received by the Office of the Dean of** \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Receiving Request for Review

\_\_\_\_\_  
Date of Receipt