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