

INFORMATION

## **GRADE APPEAL FORM**

## Caribbean Medical University

Campus: Pater Euwensweg 25, Willemstad, Curacao • Phone: (+5999) 461-5668

Clinical Department: 5600 North River Road, Suite 800 • Chicago, Illinois • 60018, United States

Phone: (888) 877 4268 • Fax: (224) 499-7454 • Email: registrar@cmumed.org • Web: https://www.cmumed.org

This form is to be completed and submitted to the Academic Department and Registrar by fax or e-mail.

The appeal process is designed to allow students to formally challenge academic decisions. Most appeals require a minimum of 20 business days to process, and often longer if the information submitted is not complete.

Please Print:			
Term:	First Name	Middle Name	Surname
GRADE APPEAI	STATEMENT		
Please describe all detai	ls leading to the complaint (include	de dates and attach any supporting docume	ents):
CDADE ADDEAL	INEODMATION		
GRADE APPEAL	LINFORMATION		
speaking with the instru	o speak with the instructor (s) actor, there are still grounds for as issued will be applied. The	or a grade appeal, an application	on timeline of 20 days from the
- Completed Grade	e Appeal form.		
- Letter including a	rationale for having the work re	e-graded, including date and sig	nature.
- Statement of the	discussion with the instructor		
- Copies of course	work to be reviewed.		
- \$15 appeal fee			
GRADE APPEAI	L DECISION		
CICNATUDE			
SIGNATURE			
Signature Student:		Date:	
Signature Instructor: _		Date:	
FOR OFFICE USE	ONLY		
Date Received:		Received By:	