

Marquette University College of Nursing
Undergraduate Grade Appeal Form
[please print or type all information]

Prior to initiating this formal grade appeal: I have

discussed the
issue with the
instructor

Timing, according to grade appeal policy: I am

submitting this
appeal within
the
time

period

Name _____
Name _____
CPI#: _____
E-mail _____

Level _____ Fall _____ Spring _____

MID#: _____ CGPA: _____

I am _____) and _____) in
(_____).

Signature

(Please print name)

(Please print name)

date

My appeal (Please attach a written explanation.)

on _____, I

am