PERSONAL INFORMATION (PLEASE PRINT)

Name & Surname ____________________________
Student Number __________________________
Class _____________________________________

I am appealing:
☐ Midterm Exam ☐ Final Exam ☐ FLAT ☐ Portfolio

Academic Semester: ☐ Fall ☐ Spring ☐ Summer Track: _____ Year: ______
Date of Grade’s Release: ____________ Grade Received: ______
Student Signature: ________________ Date: __________________

☐ I would like an appeal reference number for the FLAT.

Office use only

Appeal Form received by: ____________________________
Date: ________________
Appeal Form Addressed by: ____________________________
Meeting Date and Attendees (if applicable):

Appeal Outcome:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Final Grade: ____________________________

This complaint process has been finalized and all the parties involved have been informed in writing of the outcome.

Signature of the Director:

Date: