



Idaho College of Osteopathic Medicine

FINAL COURSE GRADE APPEAL FORM

Student Name: _____ **Student ID:** _____

Course code for which you are appealing a grade: _____

Course Name: _____

Semester/Year: _____ **Issued Grade:** _____

*Please include details below on why you are appealing a grade. You **may attach additional documentation to this form** to support your petition request. You may also attach a more detailed statement, if additional room is needed:*

Student Signature: _____ **Date:** _____

Course Director Comments: _____

Course Director Signature: _____ **Date:** _____

Dean Decision:

Approved; Grade Change Form must accompany documentation submitted to Registrar *

Denied; Please state reason in comments section below.

For courses in years 1/2, the Assistant Dean of Academic Affairs or (for OPP courses) the Associate Dean of Osteopathic Integration will review grade appeals and make a formal decision. For courses in years 3/4, the Associate Dean of Clinical Affairs or (for OPP courses) the Associate Dean of Osteopathic Integration will review and decide on submitted grade appeals. If the Associate Dean is also the Course Director of Record, the review will be deferred to the Senior Associate Dean of Learning Outcomes Assessment for review and a formal decision.

Dean Comments: _____

Dean Signature: _____ **Date:** _____

In the event of a secondary appeal to the College Dean, due to a disapproval by the Assistant/Associate/Sr. Associate Dean, students must submit appeal documentation to the Dean of ICOM within 3 business days of the initial decision notification.

Secondary Appeal Decision:

Approved; Grade Change Form must accompany documentation submitted to Registrar *

Denied

ICOM College Dean Signature: _____ **Date:** _____

*The decision made by the College Dean is **final** and will be made in writing to the student, Assistant, Associate, or Senior Associate Dean, and Registrar within five (5) business days of receiving the appeal. If approved, a grade change form must be submitted alongside this form, and all other documentation submitted, to the Registrar.*

For Registrar Office Use Only:

Appeal packet, including this form, any documentation submitted by the student, and any additional decision documentation, including a Grade Change Form, if applicable, was received and processed on: _____

Signature of Registrar: _____ **Date:** _____