



ACIBADEM  
UNIVERSITY

### FACULTY OF PHARMACY GRADE APPEAL FORM

Appeals may only be made against a final decision of an academic body and must be submitted within **one calendar month** of notification of that decision.

STUDENT ID: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

COURSE CODE: \_\_\_\_\_ COURSE NAME: \_\_\_\_\_

**GRADE YOU ARE APPEALING:**

Mid-Term Exam

Final Exam

Quiz

Homework

Other (describe): \_\_\_\_\_

**STUDENT'S SUMMARY** (This section is critical. Please ensure you include **all** relevant information. Please summarize your reason(s) for appealing. Do not exceed **1000** words.)

STUDENT'S SIGNATURE \_\_\_\_\_