

**Arizona State University  
Edson College of Nursing and Health Innovation  
Academic Communication Form A  
Completed by Program Director or Designee**

**Meeting with Student and Academic Program Director (or Designee)**

Date of Meeting:

**Student**

Name:

ASU ID:

ASU Email Address:

Program:

Course # and Title:

Summary of Meeting:

Is the grievance resolved? Yes No

Student signature (electronic signature accepted) Date

Academic Program Director/Designee (electronic signature accepted) Date

*If the grade appeal is not resolved, the Student may appeal to the Associate Dean of the Academic Enterprise with the submission of this form and the Student Statement of Academic Grade Appeal (Form B).*

**Email to student, faculty, Associate Dean for the Academic Enterprise**