

**Arizona State University
Edson College of Nursing and Health Innovation
Student Statement of Academic Grade Appeal Form B**

Date:

Student

Name:

ASU ID:

ASU Email Address:

Phone:

Program:

Course # and Title:

Name of grading faculty:

Student Summary of Grade Appeal:

Student signature (electronic signature accepted) Date

*This form with the Academic Communication Form A is submitted by the student to the Associate Dean for the Academic Enterprise Affairs as the first step in initiation of a formal grade appeal. It should be submitted along with Form A **within ten (10) business days** of the meeting with the Academic Program Director (or designee).*

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