

**ARIZONA STATE UNIVERSITY**  
**SCHOOL OF SOCIAL WORK**  
Formal Grade Appeal

This form, with supporting documentation, must be submitted to [the instructor/faculty member and the School's Office of Academic Services within 5 working days after the student's meeting with the instructor/faculty member.](#)

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course#: \_\_\_\_\_ Semester & Yr: \_\_\_\_\_

Date Documents Submitted by Student:

Date Documents Given to Instructor/Faculty Member and Program Coordinator

Date Instructor Submitted Response:

Date Program Coordinator Informs Academic Services to forward materials to Standards Committee for an appeal

Date of Standards Committee Hearing:

Date of Standards Committee Recommendation to Director:

Date of Director's Response: