

Request for Grade Review

1. Discuss your concern with the faculty member of record and try to work out the problem. *If no resolution can be reached, go to #2*
 2. Meet with the Chair of the Department and explain your concern. *If no resolution can be reached, go to #3*
 3. Complete the following form and obtain the required signatures
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TO: Associate Dean of Graduate Studies

FROM: _____ SS#: _____

PHONE#: _____ e-mail: _____

DEGREE/CERTIFICATION PROGRAM: _____

ADVISER: _____ DATE: _____

Signature of adviser is required on this form **prior** to submission

STUDENT: _____ DATE: _____

Signature

Attachments:

1. Letter outlining the rationale for the request.
2. Any documents which supports the request.

This form and all supporting documents should be sent to: **Associate Dean of Graduate Studies
Arcadia University
Office of Graduate Studies
Taylor Hall, Room 200
450 South Easton Road
Glenside, PA 19038**