

CLEARLY PRINT NAME AND ADDRESS

Upon completion, return this application along with your narrative and documentation to your College Dean or Advising Office.

STUDENT IDENTIFICATION NUMBER (NUID) _____ PHONE NUMBER _____

LAST NAME _____ FIRST NAME _____ MI _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

UNIVERSITY OF NEBRASKA-LINCOLN

**GRADE OPTION
APPEAL FORM**

GRADE OPTION

Select one:

Change from P/NP to Graded _____

Course(s) Taken: _____

Change from Graded to P/NP _____

Semester Taken: _____

Appeals to change the grade option in a course after the deadline may be granted for one of the reasons below:

- 1) You have taken the course as P/NP but discover that a letter grade is needed for major requirements to maintain a scholarship or for admittance into professional school.
- 2) You have a documented medical situation. A statement from a physician who treated you must be included.
- 3) You were taking the course for D/F removal or were on academic probation.

Appeals will not be granted for the following reasons:

- 1) Graded material was returned after the deadline.
- 2) You did not understand the instructor's grading procedures in the course.
- 3) You performed or are performing either better or worse than expected in the course and want to change your grade option.

To submit an appeal, attach the following to this appeal form and return to your college appeal's office.

- 1) Your statement describing the reason(s) for your appeal.
- 2) Your course instructor's statement of their position on the issue. A change of grade form or an official email from the instructor must be attached when appropriate.
- 3) A statement from your official academic advisor.
- 4) A letter from the office of scholarship and financial aid if the basis of your appeal is to switch to the letter grade option to maintain your scholarship.
- 5) Supporting letter from a medical doctor or other documentation of medical treatment when appropriate.

Your college's appeals committee will decide on your appeal and inform you of their decision.

COLLEGE COMMITTEE DECISION

GRANT ____ **DENY** ____ **COLLEGE REPRESENTATIVE SIGNATURE** _____ **DATE** _____

AFTER COMMITTEE ACTION, COPY TO: Office of the University Registrar, <https://registrar.unl.edu>, registrar@unl.edu