



Middle Tennessee School of Anesthesia Student Appeal of a Final Grade Form

Student Name: _____ **Email:** _____

Contact Phone: _____ **Best time to reach you:** _____

Course Number/Name: _____ **Semester:** _____

Instructor of Record: _____ **Advisor/Mentor:** _____

Please describe in detail the actions you have taken to resolve your appeal of a final grade. Provide as much information as possible regarding the specifics, including why you believe you have been assigned a grade unfairly or a grade that was derived in a different manner than was outlined in the course syllabus. Provide additional pages as necessary.

What do you think would be a fair solution to this appeal?

In submitting this form to the Office of the Executive Vice President, I, the undersigned student, acknowledge that I may be held liable for any false statement, and that submitting a false statement is a violation of the MTSA Standards of Conduct.

Signed: _____

Date: _____