



Noor Al Diyar Private School

Grade Appeal Form

Name of student		Student's Reg. No.	
Contact No.		Term (circle please)	First Second Third
Course Title		ACD Year	

I request a grade change for the following specific reasons: _____

Student/Parent Signature: _____ Date: ____ / ____ / ____

Form Received by (Admin): _____ **Date:** ____ / ____ / ____

For Official Use

Teacher:

I have corrected the exam paper and have reached the following determination after full consideration:

- The original grade is fair & accurate.
- I recommended to change the grade from _____ to _____.

Comments: _____

Teacher Signature: _____ Date: ____ / ____ / ____

Coordinator:

I have reviewed this appeal and make the following determination:

- I concur with the findings of the teacher.
- I disagree with the findings of the teacher.

Comments: _____

Coordinator Signature: _____ Date: ____ / ____ / ____

Deputy Head (Grade Appeal Committee Chair):

I have reviewed this appeal and make the following determination:

- I concur with the findings of the teacher.
- I disagree with the findings of the teacher.

Comments: _____

Deputy Head Signature: _____ Date: ____ / ____ / ____

Principal:

Based on Grade Appeal Committee review and investigation, our recommendation is as follows:

Principal Signature: _____ Date: ____ / ____ / ____