



STEPHEN F. AUSTIN STATE UNIVERSITY

Richard and Lucille DeWitt School of Nursing

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SFASU SCHOOL OF NURSING STUDENT GRADE APPEALS FORM

In accordance with DeWitt School of Nursing Policy 3.10:

A nursing student who wishes to appeal a final course grade or appeal a faculty clinical evaluation, including a clinical demerit, may do so in a structured manner. Faculty members are responsible for the evaluation of student course work conducted in their class and, under normal circumstances, only the instructor may change a grade. However, this policy provides a formal process for students to appeal final grades or file formal appeals regarding faculty evaluation of students, including a clinical demerit. The burden of proof rests with the student throughout the process.

A student may file a formal appeal if it can be demonstrated that the instructor did not adhere to stated procedures or grading standards, or if other compelling reasons exist to change the grade or evaluation. A student may not appeal due to general dissatisfaction with a final grade or disagreement with the instructor's professional judgment regarding the quality of the student's work or performance.

Students must include this form in their formal grade appeal submitted to the course faculty. At each step of the appeal process, the form will be included and signed by the appropriate designee within the School of Nursing. In the event that the appeal is sent to the Dean's office, this form will be sent with all applicable documents.

Select one: ☐ Pre-licensure BSN Program ☐ RN-BSN Program ☐ MSN program

Fill out the following information:

Name: _____ SFA ID (required): _____ Date: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Daytime telephone number: _____

Information for appeal:

1. Course name and number related to the appeal:
2. Give a brief description of what you are appealing. (i.e., final course grade, clinical demerit, etc.)
3. Attach a letter specifying the reason for appealing and the desired outcome. Please be specific.
4. Attach any supporting documentation or evidence that might be useful in making a decision.

Petition Decision:

Course Faculty ☐ Approve ☐ Deny Signature: _____ Date: _____

Program Coordinator ☐ Approve ☐ Deny Signature: _____ Date: _____

Tamara Harris, DNP, APRN, FNP-BC ☐ Approve ☐ Deny Signature: _____ Date: _____
Director, School of Nursing