

THE SOMA INSTITUTE

THE NATIONAL SCHOOL OF CLINICAL MASSAGE THERAPY

Appeal for Change of Grade

Name of Student _____

Instructor Name _____ Date _____

Course Name _____ Program _____

Grade Received: _____

Reason for Request to Change Grade: (Attach copies of materials supporting the appeal)

Student Signature _____ Date _____

For Office Use Only

Approved Denied Date _____ Initial: _____

Revised Grade: _____ Initial: _____

Copy to Student File on _____ Initial: _____