

Student ID #: _____ Semester: _____ Course: _____



Form 3.17.1 Grade Appeal Form

Date: _____

Student Information:

Last Name: _____ First Name: _____ MI: _____

Identification Number: _____

Current Address:

Street: _____

City: _____ State: _____ Zip: _____

Current Phone Number: _____

Email: _____

Please submit the completed forms with supporting material to the Records Office



Mesabi Range Community and Technical College
Formal Grade Appeal Form

Date: _____

Student Information:

Last Name: _____ First Name: _____ MI: _____

Identification Number: _____

Course for which appeal is being filed:

Course Prefix and Number: _____ Semester: _____ Year: _____

Instructor: _____

Grade Received: _____

Grade Expected: _____

Have you attempted to resolve this issue directly with the instructor (It is strongly recommended that you do try to speak to the instructor since the cause of the grade discrepancy may be human error and may be rectified quite easily):

[] Yes [] No

If yes, provide date of meeting or conversation: _____

If not, explain why not:

Horizontal lines for explaining why not.

Reason for appeal:

Horizontal lines for reason for appeal.

