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
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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Reason for appeal:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Do you have a copy of the course syllabus: YES NO

Do you have all your tests, quizzes, and assignments? YES NO

Provide the scores you do have below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date submitted to instructor: ____________ (should be within ONE semester, excluding Summer, following the semester in which course was taken.)

Date instructor response filed: ____________ (should be within two weeks of receiving this form, excluding Summer)

Instructor response: Appeal Denied Upheld

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If grade is to be changed, enter new grade here:______________

Instructor’s signature: ___________________________________________

Dean of Academics’ signature _________________________________

Copies: Student Instructor Dean of Academics