

## Grade Appeal Form

*A student seeking a grade appeal must first meet with the faculty member who assigned the grade by the end of the second week of the regular semester (Fall or Spring) following the term in which the student received the grade in question. This form is to be used if there is not a resolution as a result of that meeting, and if the student chooses to pursue a grade appeal. This completed form must be submitted to the Department Chair by the student within five working days of the meeting with the faculty member, and no later than the end of the fourth week of the semester following the term the grade was received.*

Student's Name: \_\_\_\_\_ Student's ID# \_\_\_\_\_

Student's Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Section Number: \_\_\_\_\_

Semester/Year Taken: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Request to change grade from \_\_\_\_\_ to \_\_\_\_\_

Reasons which justify the requested change of grade (use additional pages if necessary):

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This an acknowledgment that the student met with the faculty member and the request for a grade changed was denied)*

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Following receipt of a formal Grade Appeal Form, the Department Chair must convene the Departmental Grade Appeal Committee. Within five working days following receipt of the Grade Appeal Form, the Departmental Grade Appeal Committee must arrange a hearing to be completed within twenty working days after the student's submission of the formal Grade Appeal Form.*