



**Academic Affairs
Student Grade Appeal Form**

Student Name: _____ Banner ID: A# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Grade to be appealed:

Academic Year: _____ Instructor: _____

Course Dept: _____ Course#: _____ Semester: _____

Course Title: _____

Grade Received: _____ Grade Requested: _____

Required information to be completed by student:

I initially discussed this grade with my instructor on: _____

Materials to be submitted in support of this grade appeal include:

- _____ Course syllabus
- _____ Attendance policy (if not included in syllabus and relevant to course grade)
- _____ Grading policy (if not included in syllabus)
- _____ Graded course materials (optional)
- _____ Other (Please explain) _____

Student's statement of action requested and reason(s) for requested change of grade. (Attach your statement to this form. Statement **MUST** demonstrate the reason the grade is arbitrary, prejudiced, or inappropriate in view of the standards and procedures outlined in the class syllabus.)

Student's Signature: _____ Date: _____

Note: Upon completion, make a copy for your records, then submit this form to the Department Chair to initiate the appeal process.



Academic Affairs
Department Chair Grade Appeal Response Form

Student Name: _____ Banner ID: A# _____

Faculty member who assigned the grade: _____

Academic Year: _____ Semester: _____

Course Dept: _____ Course#: _____

Course Title: _____

Date chair received appeal: _____

Date chair met with student on appeal: _____

Date chair met with instructor on appeal: _____

Decision and Rationale of Department Chair:

Department Chair: _____ Date: _____

Note: Upon completion, make a copy for the college, then provide this form to the student to determine if continuation of the appeal process will occur.

**Academic Affairs
Department Chair Grade Appeal Response Form**

Student's Response to Chair's Decision:

- I *accept* the Chair/Director's decision

Student's Signature

Date

(If accepted, file this form along with the previous forms on file in the college.)

- I *do not accept* the Chair/Director's decision and request to continue the appeal process.

Student's Signature

Date

(If a student does not accept the Chair's decision these materials will be forwarded to the Associate Dean's Office to continue the appeal process.)

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**Faculty Member's Response to Chair's Decision:**

- I *accept* the Chair/Director's decision

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date

**(If accepted, file this form along with the previous forms on file in the college.)**

- I *do not accept* the Chair/Director's decision and request to continue the appeal process.

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date

**(If a student does not accept the Chair's decision these materials will be forwarded to the Associate Dean's Office to continue the appeal process.)**



# Academic Affairs

## Student Grade Appeal Record

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### College Grade Appeal Committee's Report

Date on which the college committee met to hear the grade appeal: \_\_\_\_\_

College: \_\_\_\_\_

Names of committee members (type):

\_\_\_\_\_  
Faculty Member (Chair)

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Student Member

\_\_\_\_\_  
Student Member

**Recommendation of College Grade Appeal Committee**

\_\_\_\_\_  
Date Recorded and Submitted



**Academic Affairs**  
**Associate Dean/Dean Grade Appeal Response Form**

Student Name: \_\_\_\_\_ Banner ID: A# \_\_\_\_\_

Faculty member who assigned the grade: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Course Dept: \_\_\_\_\_ Course#: \_\_\_\_\_

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

Date Associate Dean/Dean received College Grade Appeal Committee's report: \_\_\_\_\_

Decision and Rationale of Associate Dean/Dean:

Associate Dean/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This decision is final and must be provided to the student and faculty member.**