



College of Liberal Arts Faculty Grade Appeal Response Form

Student Name: _____ Banner ID: A# _____

Faculty member who assigned the grade: _____

Academic Year: _____ Semester: _____

Course Dept: _____ Course#: _____

Course Title: _____

Please respond to the following:

_____ I accept the student's appeal and am willing to change the grade based on the information submitted. (No more action required other than submitting the grade change form.)

_____ I do not accept the student's grade appeal. The rationale for my decision is:

Signature of Instructor on Record: _____ Date: _____

Note: Upon completion, make a copy for the College, then submit this form to the Chair of the Department.