



**College of Liberal Arts  
Student Grade Appeal Response Form**

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

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

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

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

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

**Student's Response to Chair's Decision:**

\_\_\_\_\_ I have received the Chair's decision and do not wish to continue the appeal process.

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

\_\_\_\_\_ I have received the Chair's decision and request the appeal be forwarded to the Associate Dean's Office for additional review.

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

Note: If a student requests to pursue the appeal all related materials will be forwarded to the Associate Dean to continue the appeal process.