

**College of Liberal Arts
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: _____

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.