



GRADE APPEAL

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Name: _____
Last First Middle Initial

Course Information: _____
Term CRN Subject Code Course Number Course Name

Grade Information: _____
Original Grade Requested Grade

Please read the following statements and check the appropriate boxes to acknowledge that you understand:

- I must schedule an appointment to meet with the course instructor within 15 days of the conclusion of a full-semester course or within two days of the conclusion of part-of-term courses such as 5-week, 8-week, 10-week, etc.
- I must bring this completed appeal form, along with any facts and/or supporting documentation, to my scheduled appointment.
- If I fail to attend my scheduled appointment, the appeal will be denied and the matter concluded.
- I may continue in the next level course during the appeal process, but I understand that I may be dropped or withdrawn if the appeal is unsuccessful.
- I may obtain a copy of the full grade appeal policy, upon request, from the Divisions of Student or Academic Affairs.
- I may be responsible for any charges, fees, or tuition for the next level course if dropped.

Reason for Grade Appeal: _____

Student Signature: _____ **Date:** _____

Instructor Signature: _____ Approved Denied **Date:** _____

Department Chair Signature: _____ Approved Denied **Date:** _____

Division Dean Signature: _____ Approved Denied **Date:** _____

Chief Academic Officer Signature: _____ Approved Denied **Date:** _____

Registrar Signature: _____ **Date:** _____