



STUDENT DETAILS

Student Name: _____ Student ID: _____
Phone No.: _____ Instructor Name: _____
Course Title & Code: _____ Section ____ Semester: _____ Year: _____
Grade Given: _____ Current Date: _____

Grade appeals can only be submitted for the following reasons. Please select one of the following:

- There was an error or unfairness in the assessment of the exam grade
- There was an error or unfairness in the evaluation process of the course.

Student must explain further:

To begin the grade appeal process, the student must hold a face-to-face meeting with the instructor to inquire about how the grade was determined. The student must take this form to the meeting where instructor will add and explain the grade calculation below.

PART I: INSTRUCTOR MEETING

Meeting date with the Instructor: _____

Student's Signature at the meeting: _____

Instructor's description of course grade / course point breakdown here:

FINAL COURSE GRADE _____

Instructor Response and Remarks:

Instructor Decision:

Course grade remains as submitted YES / NO

Instructor Name: _____

Instructor Signature: _____ Date: _____

If NO, and course grade change is approved by instructor a Change of Grade Form must be completed and submitted to Associate Provost of Student Success and Registrar.



Instructor must now send this hard copy form to the Instructor's Department Chairperson for further review and signature. A copy should be retained by the Instructor.

PART II: DEPARTMENT CHAIR REVIEW

Department Chair of the faculty/instructor must review student appeal rationale and instructor's information above and respond below:



Department Chair Response / Remarks:

Department Chair Decision:

Course grade remains as determined by instructor YES / NO

Department Chair Name: _____

Department Chair Signature: _____ Date: _____



Department Chairperson must now send this hard copy form to the Instructor's Dean for further review and signature. A copy should be retained by the Department Chairperson.

PART III: DEAN REVIEW

Dean of the faculty/instructor who teaches the appealed course must review the student appeal, instructor response, chair response, and indicate review decision below:

- Approval of instructor's decision
- Recommended for further review by instructor – please provide details below regarding recommended review:

Dean Name: _____

Dean Signature: _____ Date: _____



Dean must now send this hard copy form to the Associate Provost of Student Success for further review and signature. A copy should be retained by the Dean.

PART IV: FINAL REVIEW OF THE GRADE APPEAL

Upon completion of Instructor, Chair and Dean review, this form must be submitted to the Associate Provost of Student Success for final review of the Grade Appeal.

Associate Provost Student Success final review of grade appeal:

- Support for instructor's grade
- Recommended for further review by instructor/chair/dean or other

Associate Provost Name: _____

Associate Provost Signature: _____ Date: _____

RECEIVED AND FILED BY DEPARTMENT OF REGISTRAR (DOR)

Name: _____

Signature: _____

Date: _____