

Grade Appeal Form

Student Name _____ A# _____

Phone # _____ Email _____

Course Instructor _____ Term/Year _____

Prefix/Number/CRN _____ Grade _____

Please explain your justification for appealing your grade in the course listed above. Attach all relevant materials to this form.

Submitted by:

Student Signature

Date

Instructor's Response:

Instructor Signature

Date

Division Chair/Program Director Response:

Division Chair/Program Director

Approved

Denied _____
Date

Instructional Dean

Approved

Denied _____
Date