

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 and why you believe the grading procedures outlined in the class syllabus were not appropriately followed. Attach all relevant materials to this form.

Submitted by:

Student

Date

Reviewed by:

Instructor

Date

Division Chair/Program Director

Date

Instructional Dean

Date