

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