



**STUDENT GRADE APPEAL FORM**

The student has within one term from the issuance of the grade or evaluation to make initial contact with the instructor.

**Name** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Name of Course** \_\_\_\_\_

**Instructor's Name** \_\_\_\_\_

Briefly explain the situation with the instructor that you were unable to resolve. Provide additional information.

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Briefly explain the situation with the department supervisor that you were unable to resolve.

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Briefly explain the nature of the appeal that you are trying to resolve.

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Decision made:

No change \_\_\_ Removal of course from transcript \_\_\_

Grade changed to W (withdrawal) \_\_\_ Grade changed from \_\_\_ to \_\_\_

Signatures of Committee Members:

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