



Course Grade Appeal

WARNING: Students must contact the instructor prior to completing this form.

General Information: Course grade appeal requests must be submitted to the appropriate Dean within one (1) semester of the student's initial enrollment in the course. Request must be submitted in writing using this fully completed form, as referenced in the Academic Code of Conduct.

Student ID #

Date

Last Name

First Name

Middle Name

Maiden Name

Course: _____

Dept. _____

Course # _____

Sec # _____

Course Title _____

Instructor _____

Please check the semester and fill in the year the course was taken:

Fall _____ Spring _____ Summer _____

Grade received _____ Grade you feel you should have received _____

Did you contact the instructor? Yes No Contact the instructor prior to submitting this form.

Reason for requesting a grade change (attach additional docs if possible):

*****Below for office use only*****

Confirmation of faculty member contact with academics prior to Dean's receipt

If Approved:

Date letter sent to student _____
Date

Date grade change form to registrar _____
Date

Approved Disapproved

If Disapproved:

Date letter sent to student _____
Date

Dean Date