Grade Appeal Form

Student Name: _____________________________    Banner ID: _____________________________

This form must be completed and submitted to the Assistant or Associate Dean for Enrollment Management. You may attach additional information if necessary. Please see the Grade Appeal Policy and Procedures for more information.

1. In what course are you filing this Grade Appeal: __________________________________________

2. Please provide a description of your complaint:

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

3. Please explain why you consider the Course Director’s decision to be in error:

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

4. Please specify the remedy that you are requesting:

   __________________________________________

   __________________________________________

   __________________________________________

You are required to discuss this Grade Appeal with and obtain signatures from the following:

Instructor: __________________________________________ Date: _____________________________

Course Director: __________________________________________ Date: _____________________________

Unit Dean: __________________________________________ Date: _____________________________

Senior Associate Dean: __________________________________________ Date: _____________________________

of Academic Affairs

I attest that the information contained in this appeal is true and complete to the best of my knowledge.

Student: __________________________________________ Date: _____________________________