



# Grade Appeal Form

This form should be completed by the student only after meeting with the instructor and appropriate Academic Dean when the grievance is still unresolved. This form should be returned to the Vice President of Academic Affairs who will review the appeal, notify the instructor that an appeal has been made, and activate the Grade Appeals Committee to hear the student's appeal.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_ Program: \_\_\_\_\_  
Student's Mailing Address: \_\_\_\_\_  
Student's Home Telephone Number: \_\_\_\_\_

Describe your academic grievance in detail. Include the course name, course number, instructor's name, and the semester you are/were taking the course. Continue on the back of this form or a separate sheet of paper, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date discussed grade in question with INSTRUCTOR: \_\_\_\_\_

Date discussed grade in question with ACADEMIC DEAN: \_\_\_\_\_

What specific outcome do you want from this appeal?

- Grade adjusted Yes \_\_\_\_\_ No \_\_\_\_\_
- Lodge a complaint about an academic policy/procedure Yes \_\_\_\_\_ No \_\_\_\_\_

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### To Be Completed by the Vice President of Academic Affairs

Date Appeal Form Received: \_\_\_\_\_ Signature: \_\_\_\_\_

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### To Be Completed by the Chair of Grade Appeal Committee

Date Appeal Form Received: \_\_\_\_\_ Scheduled Date of Hearing: \_\_\_\_\_

How was student notified of hearing date? \_\_\_\_\_

Hearing Decision of Grade Appeal Committee: \_\_\_\_\_

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Date Hearing Decision Reviewed by VPAA: \_\_\_\_\_ VPAA Signature: \_\_\_\_\_

Date Student/Faculty Member Notified: \_\_\_\_\_