

**GRADE APPEAL FORM**

This form is to be used when a student wishes to appeal a final grade. The student has 6 weeks after the final grade is posted to make this appeal to the Academic Dean. Prior to presenting the appeal to the Dean, the following steps must be taken, with documentation of the steps attached to this appeal form.

The appeal form will not be accepted without an attempt to contact and resolve the grade issue with the instructor.

**PROCESS REQUIRED BEFORE SUBMISSION OF APPEAL FORM**

1. Student should first contact the instructor and attempt to achieve a mutually satisfactory resolution. Student should present their reason for contesting the posted grade with a proposed outcome, in writing, to the instructor. Student should include any supporting documentation. Contact should be made within 2 weeks of the final grade posting.
2. Instructor will review the academic performance of the student and reply to the student proposal, in writing, within 1 week.
3. Any discussion or negotiation between student and instructor should be completed in writing whenever possible. Discussion should conclude within one week following the instructor’s first reply to the student.
4. If the student does not get a response from the instructor within 1 week of making initial contact, the student should contact the Academic Dean.
5. If no resolution is reached between the student and instructor, the student should submit this form within the 6 week appeal deadline. Faculty response will be compiled by the Academic Dean.

**STUDENT STATEMENT AND EXHIBITS**

Student Name \_\_\_\_\_ ID # \_\_\_\_\_  
 Student Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Course Number/Title \_\_\_\_\_ Course End Date \_\_\_\_\_  
 Final Grade Posted \_\_\_\_\_  
 Instructor \_\_\_\_\_ Date student contacted instructor \_\_\_\_\_

Student must attach the following information:

1. Written appeal, indicating reasons for appeal and outcome proposed by student.
2. Record of written contacts with instructor, including instructor responses.
3. Evidence or information supporting why proposed outcome should be considered (including work submitted, grades, e-mails and other objective documentation).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**FACULTY STATEMENT AND EXHIBITS**

1. Written response to the desired resolution proposed by the student.
2. Record of contacts with student regarding the grade and discussion to resolve issue.
3. Accompanying documentation of the syllabus, all assignments/assessment strategies, grades, rubrics and other relevant information.

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY:</b></p> <p>Date Submitted to Academic Dean _____</p> <p>Decision: <input type="checkbox"/> Accept <input type="checkbox"/> Deny Academic Dean Signature _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date Student/Instructor Notified of Decision _____</p> <p>Date Copy of Decision and Student Notification placed in Student File _____</p>
--