



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:
of Academic Affairs _____

Date: _____

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

Student: _____

Date: _____