

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. N	Name of course for	which you are filing this Grade Appeal:	
2. I	Please provide a de	scription of your complaint:	
3. I	Please explain why	you consider the Course Director's decision to be in error:	
4. I	Please specify the r	emedy that you are requesting:	
You	are required to disc	cuss this Grade Appeal with and obtain signatures from the following:	
Instr	uctor/Preceptor:	Date:	
Cour	rse Director:	Date:	
Unit	Dean:	Date:	
	ociate Dean of demic Affairs:	Date:	
I atte	est that the informa	tion contained in this appeal is true and complete to the best of my knowledge.	
Stud	ent:	Date:	