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. Name of course for which you are 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/Preceptor: _______________________________   Date: _______________________________

Course Director: _______________________________   Date: _______________________________

Unit Dean: _______________________________   Date: _______________________________

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: _______________________________