



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: _____