

Grade Appeal Form

Student's Name: _____

Student Identification Number: _____ Date: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Course Title: _____

Course Number: _____ Section Number: _____

Semester Course Taken: _____ Year Course Taken: _____

Instructor's Name: _____

Request to change grade from _____ to _____

Reasons which justify the requested change of grade (use additional pages if necessary):

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____
(The above signature is an acknowledgment of notification of a grade appeal)

Department Chair Signature: _____ Date: _____