Western Illinois University
Department of Psychology
Grade Appeal Form

All information should be typed or written clearly.

Date: ______________________________    Date received by department chairperson: ___________________________

Name: _____________________________________________________________

Address: ____________________________________________________________________________

City/State/Zip Code: __________________________________________________________________

Day Phone (include area code): _____________________________  E-mail address: _____________________________

Course numbers and section: __________________________________________________________________

Term: _____________________________  Year: __________________________________________________________________

Have you consulted with the instructor?   ___  Yes   ___  No

If “No” explain why:

Explicitly state the nature of the appeal and the reasoning for your appeal. Please include any information that would be relevant to the committee in the decision making process. Use additional paper if necessary.