

# Grade Appeal Form

**Western Illinois University**  
School of Graduate Studies

Name: \_\_\_\_\_

WIU ID No.: \_\_\_\_\_  
(For security purposes do not enter Social Security number)

Date: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Email 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 signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor signature: \_\_\_\_\_

Date: \_\_\_\_\_

(The above signature is an acknowledgment of notification of grade appeal)

Department Chair signature: \_\_\_\_\_

Date: \_\_\_\_\_



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