

Grade Appeal Form

To:

Name of Instructor _____ Program of Study _____

From:

Student Name _____ Student ID# _____

Course Information:

Year/Term _____ Course Number/Section _____

Course Title _____

Desired Resolution:

Grade Given by the Instructor: _____ Grade Expected by Student: _____

Explanation of grounds for appealing the grade:

Students must attach all relevant documentation and retain their own photocopies of all documentation submitted.

I have read the "Academic Review Board Procedures" contained in the Academic Policies section of the Academic Catalog. <http://cse.smartcatalogiq.com/current/academic-catalog/academic-policies/grading/arb-grievances-grade-appeals>. I understand my rights and responsibilities.

I understand that it is my responsibility to initiate this Grade Appeal process and to submit this form and all relevant documentation to the instructor within 14 calendar days of the grade being posted by the Registrar. Furthermore, it is my responsibility to submit a copy of this appeal form to the Program Chairperson within 14 calendar days of my grade being posted by the Registrar.

Student Signature _____ Date _____