

Grade Appeal Tracking Report

Name of Student Filing Appeal _____

Course/Instructor _____

Semester/Year of Course _____

Please sign and date below as the documentation moves through the review process.

Received by:

Faculty Member: _____ Date Received: _____

Program Chair: _____ Date Received: _____

Dean: _____ Date Received: _____

Chair of Academic Life: _____ Date Received: _____

VPAA: _____ Date Received: _____

Summary of Resolution:

Person Submitting the Summary of Resolution: _____

Date: _____

Once the Appeal is resolved, please submit copies of all paperwork, including this sheet, to the Vice President of Academic Affairs.