

California State University, Long Beach
GRADE APPEAL REQUEST
College of Business Administration

STUDENT PETITION

Request of: (Name as listed on the official grade report)

Last Name First Middle Initial Student ID Number

Street Address City State Zip Telephone (Area Code) Email Address

For a change of grade in _____

Department Course No. Course Title

From a grade of _____ to _____

Call Number Instructor Semester/Session and Year

Signature of Student Date

JUSTIFICATION: Attach clear, coherent written statement.

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INSTRUCTOR REACTION

Approve _____ Disapprove _____ Date Received _____ Date Forwarded to Chair/Dean _____

Signature of Instructor Date

JUSTIFICATION: Attach data relating to the class record of the student, computation of the grade, and if relevant, data from other members of the class.

Note: *Decision must be made within TEN school days of receipt of appeal. When made, send one copy to the student and the remaining eight to your Chair.*

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DEPARTMENT CHAIR/COLLEGE DEAN REACTION

Date Received _____ Dates of consultation with the: Instructor _____ Student _____

The grade appeal of the student (has) _____ (has not) _____ been resolved.

Date Forwarded to the Chair of the Department Grade Appeals Committee (if appropriate) _____.

Signature of Department Chair/College Dean or Designee Date

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DEPARTMENT GRADE APPEAL COMMITTEE RECOMMENDATION

Approved _____ Disapproved _____ No Recommendation _____ Date of Committee Action _____

Signature of Department Grade Appeal Committee Chair Date

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COLLEGE GRADE APPEAL COMMITTEE DECISION

Approved _____ Disapproved _____ Date of Committee Action _____

Signature of College Grade Appeal Committee Chair Date

If forwarded to the University Grade Appeal Committee, date of forwarding _____