

GRADE APPEAL REQUEST
College of Education
California State University, Long Beach

Instructions for Students: Review the university's Grade Appeal Procedure first:
http://web.csulb.edu/divisions/aa/grad_undergrad/senate/policy/academic/numerical/GradeAppeal.html. To submit a grade appeal, print or type all of the information above the double lines and submit relevant documentation.

Student's name as listed on the official grade report: _____

Student ID Number: _____ E-mail: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Request a change of grade from _____ to _____ Course #: _____ Section #: _____

Instructor's Name: _____ Semester/Year: _____

Discussed the grade appeal with the instructor: Instructor's Signature: _____ Date: _____

Date grade appeal package submitted to Department Office: _____

Recipient signing on behalf of the Department: Signature: _____ Date: _____

Meeting with the Department Chair and Instructor: Dept. Chair's Signature: _____ Date: _____

List of supporting document(s) attached to this request: *(If you have more documents, continue on the reverse side.)*

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Student's Signature: _____ Date: _____

ADDITIONAL DOCUMENTATION

(Requested as needed by grade appeals committees; use reverse side if necessary.)

Document: _____ Received by: _____ Date: _____

Document: _____ Received by: _____ Date: _____

Document: _____ Received by: _____ Date: _____

DEPARTMENT GRADE APPEAL COMMITTEE DECISION

Grade Appeal Action: Approved: _____ Disapproved: _____

Department Grade Appeal Committee Chair: Signature: _____ Date: _____

If approved, the Change of Grade form submitted to Enrollment Services: Date: _____

If disapproved, appeal forwarded to College Grade Appeal Committee per student's request: Date: _____

Recipient signing on behalf of the College Grade Appeal Committee: Signature: _____ Date: _____

COLLEGE GRADE APPEAL COMMITTEE DECISION

Grade Appeal Action: Approved: _____ Disapproved: _____

College Grade Appeal Committee Chair: Signature: _____ Date: _____

If approved, the Change of Grade form submitted to Enrollment Services: Date: _____

If disapproved, appeal forwarded to University Grade Appeal Committee per student's request: Date: _____