

# GRADE APPEAL FORM

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College of Health and Human Services

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

I request that consideration be given to change the grade of \_\_\_\_\_ received in the department/school  
\_\_\_\_\_ in course \_\_\_\_\_ section \_\_\_\_\_ taken with \_\_\_\_\_  
in Fall \_\_\_\_\_ Spring \_\_\_\_\_ or Special Session \_\_\_\_\_

My name as listed on the official grade report is \_\_\_\_\_

Campus ID/Student Number \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date I informally notified instructor \_\_\_\_\_

Date formal grade appeal received in the department/school office \_\_\_\_\_

Student Signature \_\_\_\_\_

List of supporting documents attached to this request are:

## Department Grade Appeal Committee Recommendation

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ No Recommendation \_\_\_\_\_

If approved, has the instructor filed a change of grade? \_\_\_\_\_

Date \_\_\_\_\_ Signature of Dept. Grade Appeals Committee Chair \_\_\_\_\_

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## College Grade Appeal Committee Decision

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date of Committee Action \_\_\_\_\_

Signature of College Grade Appeals Committee Chair \_\_\_\_\_