Student Grade Appeal Record
Student’s Request (Form 1)

Student Information (Required—to be completed by student):

Date: ______________________________________________________________________
Student Name: ______________________________________________________________________
Local Address: ______________________________________________________________________
Local Phone #: ______________________________________________________________________
E-mail Address: ______________________________________________________________________

Grade to be Appealed (Required—to be completed by student):

Course Name: ______________________________________________________________________
Course Prefix, Course #, and Section #: ______________________________________________________________________
Semester in which course was taken: ______________________________________________________________________
Instructor who assigned the grade: ______________________________________________________________________
(Note that grades for zero-credit laboratory and recitation sections are assigned by the lecture instructor.)

Date on which I initially met with my instructor to discuss this grade: _____________________________

Please explain why you are appealing your final grade in this course:
Student Grade Appeal Record

Instructor’s Response (Form 2)

Date on which the instructor received the student’s grade appeal: __________________________

Department offering course (CSCI, ENGR, LSCI, MATH or PENS): __________________________

Instructor Response—check appropriate statement:

_____ I accept the student’s appeal and agree to the resolution requested by the student.

_____ I do not accept the student’s grade appeal. The basis for my decision is (describe below):

Student Acknowledgment—check appropriate statement:

_____ I accept the Instructor’s decision, and terminate the appeal at this point.

_____ I do not accept the Instructor’s decision and wish to continue the appeal process. I request that the materials for this appeal be reviewed by the Department Chair.
Response of Department Chair (Form 3)

Date on which the chair received the student’s grade appeal: 

I met with the student to discuss this appeal on (date): 

I met with the instructor to discuss this appeal on (date): 

Decision / Rationale of Department Chair

Student Acknowledgment—check appropriate statement:  

I accept the Chair’s resolution or decision, and terminate the appeal.  

I do not accept the Chair’s decision and wish to continue the appeal process.

Instructor Acknowledgment—check appropriate statement:  

I accept the Chair’s resolution or decision, and terminate the appeal.  

I do not accept the Chair’s decision and wish to continue the appeal process.
Student Grade Appeal Record

College Grade Appeal Committee’s Report (Form 4)

Date on which the college committee met to hear the grade appeal: ________________

Names of committee members (type):

<table>
<thead>
<tr>
<th>Faculty Member (Chair)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Member</td>
</tr>
<tr>
<td>Student Member</td>
</tr>
</tbody>
</table>

Decision / Rationale of College Grade Appeal Committee

Date Recorded and Submitted
Date on which the associate dean received the committee’s report: __________________________

Decision / Rationale of Associate Dean

Date Recorded and Submitted

This decision of the Dean’s Office is final and not subject to further appeal.

Signatures

By signing this page, I certify that this report is an accurate record of the student grade appeal proceedings, and includes the final resolution of the appeal:

Signature of Student __________________________ Date __________________________

Signature of Instructor __________________________ Date __________________________

Signatures required if a Department Chair reviewed the appeal:

Signature of Department Chair __________________________ Date __________________________

Signatures required if the College of S&E Dean’s Office reviewed the appeal:

Signature of Chair of the S&E Grade Appeal Committee __________________________ Date __________________________

Signature of Associate Dean __________________________ Date __________________________

(Forms Adopted by the Faculty of the College of Science & Engineering, 13 January 2014)