

GRADE APPEAL FORM

Student Name: _____ Date: _____

Student ID#: _____ Phone#: _____

Current Address: _____

Course: _____ Instructor: _____

Semester: _____ Grade Received: _____

Date of Conference with the Instructor: _____

Reason for Appeal:

Committee Recommendation:

Signature of Department Committee Representative

(Distribution: Student, Department Committee, Instructor)