

GRADE APPEAL FORM

This form should be completed and returned to the division director in the area in which the contested grade was assigned.

Student name: _____

Social Security # _____

Class Name and Section Number _____

Date when contested grade was assigned _____

Instructor who assigned the grade: _____

A. Provide an explanation of any previous attempts to resolve this matter:

B. State the reason(s) for your appeal:

Student's signature _____ Date _____

Division Director's signature _____ Date _____