

This written appeal must be filed within 30 calendar days after the grade has been posted and cannot be appealed beyond this period.

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: _____

Student ID #: _____

Email address: _____

Phone #: _____

Class Name & Section Number: _____

Date contested grade was assigned: _____

Name of instructor assigning 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