



# Request for Grade or other Academic Appeal Form

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_  
 Current Program of Study: \_\_\_\_\_  
 Course(s) Affected by the Extenuating Circumstances (Including CRNs): \_\_\_\_\_

To appeal, the student must submit the following:

- A typed statement bearing the student’s signature describing the reasons and circumstances that the student believes the assigned grade or academic disciplinary action for the disputed course was unjustified.
- Attach documentation to support the appeal.
- Appeals submitted without documentation will NOT be considered.

This appeal form, the signed statement, and documentation must be submitted to the Course Instructor or Dean if the Course Instructor is no longer available within 10 business days from the beginning of the following term from the grade being appealed or within 10 business days of other academic disciplinary action. The student will be contacted at the phone number listed to arrange a consultation.

**I understand that my Grade or other Academic Appeal will not be considered if my documentation is incomplete and/or submitted after the deadline. I will be contacted by the course instructor to arrange a consultation regarding my appeal. My signature below certifies that all information on this form and any attachments are complete and accurate. It also authorizes Academic Affairs to verify any information or documentation submitted.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The student has been consulted and will be notified of my decision in writing within 10 business days. If the student does not agree with the decision, they have 10 business days after receiving the notification to submit their documentation to the appropriate Dean for Academic Affairs.**

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The student has been consulted and will be notified of my decision in writing within 10 business days. If the student does not agree with the decision, they have 10 business days after receiving the notification to submit their documentation to the Vice President for Academic Affairs.**

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**The student has been consulted and will be notified of my decision in writing. The student understands, that according to the college policy, this decision is final.**

Signature of Vice President: \_\_\_\_\_ Date: \_\_\_\_\_