

**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:

_____ Date Recorded and Submitted

_____ 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:

_____ Date Recorded and Submitted

_____ 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.

Student Grade Appeal Record

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

Date Recorded and Submitted

Student Acknowledgment—check appropriate statement:

Date Recorded and Submitted

_____ 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:

Date Recorded and Submitted

_____ 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

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):

Faculty Member (Chair)

Faculty Member

Faculty Member

Student Member

Student Member

Decision / Rationale of College Grade Appeal Committee

Date Recorded and Submitted

Student Grade Appeal Record

Student Grade Appeal Record
College Response by the Dean's Office (Form 5)

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)