

**GRADE APPEAL FORM**

**This form must be filed in the Provost Office, 203 Sutton Hall, within sixty (60) calendar days of the beginning of the semester immediately following the semester in which the grade was received. Please type or print legibly.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ BANNER ID @ \_\_\_\_\_

**I believe that an improper grade was assigned in the following course:**

COURSE NO. \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ SECTION \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ GRADE RECEIVED \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_ GRADE EXPECTED \_\_\_\_\_

Pre-SUMMER \_\_\_ SUMMER 1 \_\_\_ SUMMER 2 \_\_\_ FALL \_\_\_ WINTER \_\_\_ SPRING \_\_\_ 20 \_\_\_

I wish to file an appeal on the following grounds (Mark X in appropriate box. May be more than one):

**DISCRIMINATION:** On the basis of race, religion, national origin, sex, age, ancestry, disability, gender identity, sexual orientation, or political affiliation

**CAPRICIOUS EVALUATION:** Significant and unwarranted deviation from grading procedures and course outlines set at the beginning of the course (ordinarily in a written statement during the first week of the course) or grade assigned arbitrarily on the basis of a whim or impulse. The student may not claim capriciousness if he/she disagrees with the subjective professional evaluation of the instructor.

**ERROR:** Demonstrable, objective determination that a mathematical or clerical error resulted in the entry of an incorrect grade.

**EVIDENCE OF ATTEMPTED LEVEL I: INFORMAL RESOLUTION**

(Student must meet with the Instructor, if not resolved – the Chair, if still not resolved – Dean)

**INSTRUCTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DEPARTMENT CHAIR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DEAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

If a resolution is not reached after meeting with the instructor and the appropriate Chair and Dean (or designee), the student may initiate Level II- Grade Appeal by signing below. **Submit this form and all pertinent information/documentation to support and outline the rationale for your appeal** to the Office of the Provost. NOTE: Level II review is based SOLELY on documentation provided.

**RESOLUTION AT LEVEL I WAS NOT SUCCESSFUL. I HEREBY REQUEST THAT MY GRADE APPEAL MOVE TO LEVEL II.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_