

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):

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.

Note: If a student believes that an improper grade has been assigned due to discrimination, the student should contact the Office of Social Equity.

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** _____