

PLEASE USE INK.

# CENTRAL NEW MEXICO COMMUNITY COLLEGE GRADE APPEAL FORM

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Student Contact Information (email and/or phone) \_\_\_\_\_

Department: \_\_\_\_\_ Term:  FALL  SPRING  SUMMER Year \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Number, Section, CRN: \_\_\_\_\_

Instructor Name(s): \_\_\_\_\_ Grade Received: \_\_\_\_\_

*I hereby appeal my assigned grade. I believe the grade is incorrect for the following reason(s). (Attach all relevant information. You may add pages.)*

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

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| For Department use only      Date received _____ |
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**I. APPEAL TO INSTRUCTOR**

**INSTRUCTOR'S DECISION:**       Grade remains       Grade changed to \_\_\_\_\_      **(Instructor initiates Grade Change Form.)**

Please explain. (Attach all relevant information.) \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receipt of this document. \_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature

**If grade is not changed, student may appeal to the department or the Instructional Grade Appeal Board within 5 days.**

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| Original to student. Copies to Department, Executive Director for Academic Affairs, and Instructor. |
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**II. A. APPEAL TO ACADEMIC SCHOOL**

The grade appeal was not resolved to my satisfaction; therefore, I appeal to the department.

**SCHOOL DECISION:**       Grade remains       Grade change to \_\_\_\_\_      **(School initiates Grade Change Form.)**

Comments: \_\_\_\_\_

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receipt of this document. \_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature

**If grade is not changed, student may appeal to the Executive Director for Academic Affairs (JS-401D)/Instructional Grade Appeal Board within 5 days. Executive Director will review appeal and determine if appeal able to Grade Appeal Board.**

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| Original to student. Copies to Executive Director for Academic Affairs and Instructor. School should also retain a copy. |
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II. B. APPEAL TO INSTRUCTIONAL APPEAL BOARD

The grade appeal was not resolved to my satisfaction; therefore, I appeal to the Instructional Appeal Board.

Student Signature (if available) \_\_\_\_\_ Date: \_\_\_\_\_

Appeal board

Time: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal Board Members: #1 \_\_\_\_\_, Faculty Chair
#2 \_\_\_\_\_, Student Member
#3 \_\_\_\_\_, Faculty Member within Department

APPEAL BOARD DECISION [ ] Grade remains the same [ ] Grade changed to \_\_\_\_\_ (Department initiates Grade Change Form.)

Comments: \_\_\_\_\_

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

Appeal Board Chair Signature \_\_\_\_\_ Date: \_\_\_\_\_

Copies to Student, Instructor, and Department. Original to Associate Vice President for Academic Affairs.

The decision of the Instructional Grade Appeal Board is final.

Students may appeal final grades for the following reasons:

- Inconsistency between what is written in the syllabus and what is practiced
• Grade miscalculation
• Errors in the final exam if a change in final exam grade would cause a change in the course grade.
• Inconsistent classroom practices

Students may not appeal disagreements with teaching methodologies, attendance policies or grade weighting methods.

During the term of the course, it is the student's responsibility to communicate any concerns he/she may have about any grade concern to the instructor.