INSTRUCTIONAL GRADE APPEAL
STEP 1 – APPEAL TO INSTRUCTOR

Step 1-Part A: This portion of form completed by student within 4 weeks after the last day of the course.

Student Name: ____________________________________   ID #: ________________________
Student Contact Information (email and/or phone): ________________________________________________________
School: ________________________________________ Term: ___________________ Year: _____________________
Course Name: ______________________________________ Course Number, Section, CRN: ___________________
Instructor Name(s): __________________________________ Grade Received: ____________

Students may appeal final grades for the following reasons. Check all that apply:
☐ Inconsistency between what is written in the syllabus and what is practiced.
☐ Grade miscalculation or other grading errors that cause a change to the final course grade.

Grade Appeal justification. (Include an explanation of circumstances and how the grade appeal meets one or more of the above reasons for review. Additional documentation such as the course syllabus, email or text communication with the instructor, copies of graded assignments, exams or projects in question and other supporting documentation that includes the relevance and importance of the material to the course may be included.) Additional documentation may be attached.

_________________________________________________________________________________________________
_________________________________________________________________________________________________

Student Signature: ____________________________________ Date: ________________________

Step 1-Part B: This portion of form completed by instructor within 10 business days (Monday – Friday) of receipt of the form from the student.

INSTRUCTOR’S DECISION: ☐ Grade remains ☐ Grade changed to: _________________
(Instructor initiates Grade Change Form.)

Please explain. (Attach all relevant information.)
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Instructor Signature: ____________________________________ Date: ________________________

If grade is not changed, student may appeal to the School within 5 days.

Original to Student, copies to School and Instructor

Rev. 8/19