

**STUDENT GRADE APPEAL  
MUST BE SUBMITTED WITHIN 30 DAYS OF RECEIPT OF DISPUTED GRADE**

Today's Date:

Student Name:	Student ID Number:
Email Address:	Program:
Current Address:	Telephone Number:
	Other contact:

Course Name:	Section:
Name of Instructor:	Semester:
Grade Given:	
Grade Requested:	

**By checking this box, I state that I have tried to contact or meet with my instructor to resolve my grade dispute before filing this appeal. The result of this meeting or contact was as follows (circle one):**

1. My instructor and I met, but we were unable to resolve the grade dispute.
2. I tried to contact my instructor but have not been able to reach him/her.
3. Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

For your appeal, on a separate sheet of paper, please provide the following information:

1. A summary of the communications you have had with your instructor on this grade appeal. Include all supportive documentation (i.e. emails, syllabus).
2. A statement of reasons justifying the claim that your grade was improperly assigned. Be specific and provide supportive evidence such as course syllabi, class notes or any other materials that support your argument.
3. A statement of the solution that you are requesting as a result of this appeal. Consider how realistic your suggested solution is.
4. Finally, add any relevant information and/or documentation that support your appeal (course papers, syllabus, class notes or other material that support your justification).

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

\_\_\_\_\_  
**Date**