

Academic Appeal Form

Student Name: _____ (must be legible).

Student N #: _____ **Faculty Name:** _____ (must be legible).

Course Information: Term _____ Subject _____ Course Number _____

Grade Information: Original grade _____ Requested Grade _____

Please follow the steps listed below (full explanation of the process and policy is available on the website):

- Schedule an appointment to meet with the course instructor within the first 10 business days of the regular semester immediately following the semester in which the disputed grade was assigned (summer sessions are not considered to be regular semesters). Bring this form completed, along with any facts and/or supporting documentation, to your scheduled appointment.
- *If the student fails to attend the scheduled appointment, the appeal will be denied and the matter concluded.*
- Following the instructor-student conference, the decision may be appealed within five (5) business days by the student by filing an appeal with the instructor's Division Chair OR in the case of allied health programs, the student must appeal to the Program Director.
- Bring this completed appeal form, along with any facts and/or supporting documentation from the appointment with the faculty, to your scheduled appointment with the Division Chair or Program Director.
- *If the student fails to attend my scheduled appointment, the appeal will be denied and the matter concluded.*
- A student or an instructor may appeal the decision from the meeting with the Division Chair or Program Director to the Vice President of Academic Affairs within five (5) business days of receiving the decision. All supporting documentation must be submitted to the VPAA's office within 5 days of the appeal request by the designated administrator in the previous step.
- *If the student fails to attend the scheduled appointment, the appeal will be denied and the matter concluded.*

Reason for Grade Appeal: _____

Attach additional documentation to this form.

Student Signature: _____

Date: _____

Instructor Signature: _____

Approved: Denied:

Date: _____

Program Director (AH) OR Division Chair Signature: _____

Approved Denied

Date: _____

Academic Appeals Committee Chair Signature: _____

Approved Denied

Date: _____