WARNING: Students must contact the instructor prior to completing this form.

General Information: Course grade appeal requests must be submitted to the appropriate Dean within one (1) semester of the student’s initial enrollment in the course. Request must be submitted in writing using this fully completed form, as referenced in the Academic Code of Conduct.

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Student ID # ___________________________ Date __________

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________ Maiden Name ___________________________

Course:

Dept. ___________________________ Course # ___________________________ Sec # ___________________________ Course Title ___________________________ Instructor ___________________________

Please check the semester and fill in the year the course was taken:

☐ Fall ___________________________ ☐ Spring ___________________________ ☐ Summer ___________________________

Grade received ___________________________ Grade you feel you should have received ___________________________

Did you contact the instructor? Yes ☐ No ☐ Contact the instructor prior to submitting this form.

Reason for requesting a grade change (attach additional docs if possible):

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***Below for office use only***

☐ Confirmation of faculty member contact with academics prior to Dean’s receipt

If Approved:

☐ Date letter sent to student ___________________________ Date

☐ Date grade change form to registrar ___________________________ Date

If Disapproved:

☑ Approved ☐ Disapproved

☐ Date letter sent to student ___________________________ Date

Dean ___________________________ Date __________