



Grade Appeal

Any grade appeal must be formally submitted to the Registrar's Office no later than 20 working days after the beginning of the succeeding semester in which the student received his/her grade.

Date Program

Name (First, M, Last) Student ID#

Address City State ZIP Phone

For the reason stated below I request a review of the grade ____ I received
 Fall Spring Summer Year 20____.

Course and Section Course Title

State the reason(s) you are requesting a grade appeal (attach an additional sheet if necessary):

Student Signature: _____ Date: _____

Do not write below this line, office use only

Cumulative G.P.A. _____ G.P.A. last semester enrolled _____
Probation and/or Suspension _____

Petition is: Approved Denied
Explanation _____
Faculty Advisor's Signature _____ Date _____

Forward to Division Manager

Petition is: Approved Denied
Explanation _____
Division Manager Signature _____ Date _____

Forward to Vice President for Instructors and Student Affairs

Petition is: Approved Denied
Explanation _____
Dean of student Affairs Signature _____ Date _____

Forward to Registrar

Registrar Signature _____ Date _____
Email to Student, Faculty Advisor, Division Manager, VP of Student Affairs _____ Date _____