



# Grade Appeal

Return to: Registrar's Office  
 Bldg. 3 Rm. 353  
 assistant.registrar@cei.edu  
 208-535-5673

Grade appeals 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.

**Student Information**

Date \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Name \_\_\_\_\_ Program \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

**Appeal Information**

State the reason you are requesting a grade appeal. *Attach any additional information if necessary:*

Course & Section # \_\_\_\_\_

Course Title \_\_\_\_\_

Year & Term \_\_\_\_\_

*By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For CEI Use		
Comments:		
<b>Signatures</b>		
Instructor _____	Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Department Chair _____	Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Dean of SA _____	Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Registrar _____	Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Notification email sent to Student, DC, & DSA		Date _____