



Grade Appeal Request

Date: _____ Connors ID Number: _____

Name: _____
First Middle Last

Phone Number: _____ E-Mail Address: _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Reason for Appeal:

Please write a concise statement in which you describe the circumstances and reason for your grade appeal. You may also provide supporting documentation as appropriate. If you need additional space, please feel free to attach a letter to your appeal.

Expectations:

Please write a concise statement in which you describe the specific outcome you wish to result from your appeal. Please note that this statement will not guarantee that specific outcome as all appeals are reviewed on a case-by-case basis.

Documentation:

Please attach any supporting documentation to your appeal. Please note that any documentation submitted will be confidential.

By signing this request, I acknowledge that Grade Appeals are reviewed on a case-by-case basis and that submission of an appeal does not guarantee acceptance or expected outcomes.

Student's Signature

Date

Division Chair

Consensus reached;
grade stands

Consensus reached;
grade change requested

Consensus not reached;
referred to Grade Appeals Committee

Division Chair Signature: _____ Date: _____

Grade Appeals Committee

_____ Votes to Approve Appeal

_____ Votes to Deny Appeal

_____ Abstentions

Appeal Approved

Appeal Denied

Appeal Referred

Office of the Vice President for Academic Affairs

Appeal Approved

Appeal Denied

V.P. of Academic Affairs Signature: _____ Date: _____