ACADEMIC APPEAL FOR CHANGE OF GRADE

Student Name____IDNº______________

Last *First* *Middle* *Complete number*

Course Title____ ___________________ Course Number_____________ Section Number__________ _ Sem.Credit Hrs 1 2 3 4

Instructor _____________________________________

Semester Grade Given: Fall ❑ Spring ❑ Summer ❑ Year_______

Original Grade: A B C D F I W WF WP

STATE REASON FOR APPEAL (A separate sheet may be attached if necessary)

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EVIDENCE OF DISCRIMINATION, DIFFERENTIAL TREATMENT, OR PROCEDURAL IRREGULARITIES MUST BE ATTACHED.

Student's Signature________________________________ Date__________________________

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REFERRAL TO VICE PRESIDENT FOR ACADEMIC AFFAIRS

Dean's Signature_________________________________Date___________________________

♦♦

REFERRAL TO ACADEMIC APPEALS COMMITTEE

VPAA's Signature_________________________________Date___________________________

♦♦

ACADEMIC APPEALS COMMITTEE REVIEW AND RECOMMENDED ACTION

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Committee Chair's Signature____________________________Date___________________________

♦♦

CONCURRENCE WITH COMMITTEE ACTION

Dean of School___________________________________Date___________________________

VPAA ____Date___________________________

President____Date___________________________

Original-Enrollment Services Copies - VPAA, Dean, Faculty, Student Date Posted______________________