

Grade Appeal Form

Name (print clearly) \_\_\_\_\_

E-Mail (print clearly) \_\_\_\_\_

Date \_\_\_\_\_

Course \_\_\_\_\_

This form is to be used by students who have questions about, or wish to appeal, a grade. Complete this form and submit it to the instructor before or after class. The instructor will review the question as well as the rationale for requesting a reconsideration of the grade. The student submitting this form must schedule an appointment with the instructor to explain the concern and answer questions. Student will be notified of the instructor's decision with explanation by e-mail shortly after the meeting.

Assignment: \_\_\_\_\_

Question (be very specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Rationale (why should the grade be reconsidered?): \_\_\_\_\_

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Best Time to Meet with Instructor: \_\_\_\_\_

Signature \_\_\_\_\_