



**College of Business
Student Grade Appeal Form**

Student Name: _____ Banner ID: A# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Grade to be appealed:

Academic Year: _____ Instructor: _____

Course Dept: _____ Course#: _____ Semester: _____

Course Title: _____

Grade Received: _____ Grade Requested: _____

Required information to be completed by student:

I initially discussed this grade with my instructor on: _____

Materials to be submitted in support of this grade appeal include:

- _____ Course syllabus
- _____ Attendance policy (if not included in syllabus and relevant to course grade)
- _____ Grading policy (if not included in syllabus)
- _____ Graded course materials
- _____ Other (Please explain) _____

Student's statement of action requested and reason(s) for requested change of grade. (Attach your statement to this form. Statement **MUST** demonstrate the reason the grade is arbitrary, prejudiced, or inappropriate in view of the standards and procedures outlined in the class syllabus.)

Student's Signature: _____ Date: _____

Note: Upon completion, make a copy for your records, then submit this form to the Department Chair to initiate the appeal process.