

GRADE APPEAL APPLICATION

In circumstances where students cannot resolve a disputed grade with his/her faculty member, this application and process will apply. If the faculty member adjusts the grade, this application is not needed. There is a limit of three Grade Appeal petitions as an undergraduate student. Appeals must be filed by the twenty-fifth calendar day of the subsequent long semester. (Courses taken in spring or summer must be appealed by the twenty-fifth day of the subsequent fall semester; courses taken in the fall or winter must be appealed by the twenty-fifth day of the subsequent spring semester.)

Completed By Student (Retu	ırn to Registrar or Jay Expres	s after completion.)	
First Name:	Last Name:		
Last 4 digits of SS#:			
Address:			
City:	State:	Zip:	
The course I am petitioning is:			
Course (i.e. ENG):	Number (i.e. 101):	Section (i.e. 07):	
		Faculty Department:	
I request that: Change grade from	to	•	
 I have included: This completed application. A typewritten statement explain Copies (not originals) of support 	ining, with specific references, the orting documents.	reason(s) for the petition.	
Student Signature (required):	Da	nte:	
	OT accept this application dir		
This application must be returned to the	he Registrar's Office within three v	veeks from receipt date.	
After review of the documents, I	□ Sustain the grade* □ Char	ige grade from	
to	a a		
*(This must be completed if grade is su			
Faculty Member Signature:	Da	Date:	
Department Chairperson Signature:	Da	Date:	
	For Office Use Only		
Verified/Approved By:		Date:	
Fall Winter	For Office Use Only Spring	Summer	
Rec'd By:	SIMS/FAPINQ Input Date	e;	
White - Registrar Yellow - Studen		5/23/2014 SM	