GRADE APPEALS FORM

*Student's Name: _____ *Professor: _____

*Course Name and Number: _____ *Course End Date: _____

**Date of Initiating Process: _____ **Date to be completed by: _____

(Normally students must initiate the Grade Appeal Request within 30 days after receiving the final course grade report from the Registrar. The first step must be a face-to-face meeting with the student and the instructor).

*Form picked up from Provost's Office
_____Process Resolved
_____Process Continued Date _____ Initial _____

*Second discussion with Professor
_____Process Resolved
_____Process Continued Date _____ Initial _____

*Conference with College or School Dean
_____Process Resolved
_____Process Continued Date _____ Initial _____

*Conference with Provost
_____Process Resolved
_____Process Continued Date _____ Initial _____

*Conference with Appeals Committee
Date _____ Initial _____

DECISION: _____

_____

_____

_____

_____

***Completed by Student**
****Completed by Provost's Office**