

Elon University
Faculty Grade Appeal Statement

Faculty Information

Name (corresponding faculty member) _____
Campus Address _____
Office Phone _____ Department (or program etc.) _____
Email _____ Additional faculty member name(s) _____

Additional faculty email(s) for CC _____

Course Information

Course Number & Title _____
Semester _____ Student's Name _____
Number of class/lab meetings per week _____
Number of Student Absences (if documented) _____
Grade Given in Course _____
Date of meeting with student about grade _____
Was a change of grade requested? _____ Yes _____ No

Basis of Grade Appeal Request:

_____ Personal Bias _____ Arbitrary Grading _____ Clerical Error

Please attach a separate sheet explaining any discussion(s) with the student about the student's class performance prior to the submission of the disputed grade and during the meeting to discuss the grade, and the outcome of the meeting with the student.

Provide documentation of the student's class performance, including in laboratory portions of the course if applicable.

Include copies (not originals) of:

1. Syllabus and other course materials
2. All pertinent tests, assignments, paper requirements, performance reviews, etc.
3. Any of the student's work still in your possession
4. Any other pertinent materials or information

Faculty Member Signature _____ Date _____
Additional faculty member(s) signature(s), if applicable _____

This form is to be filed with the department chair/program head no later than seven (7) days after notification from the department chair/program head of the student's submission of the "Student Grade Appeal Statement Form." Please retain originals/additional copies of all documentation filed with this statement.