

PROFESSOR GRADE APPEAL STATEMENT (F23M)

Professor Information

Name _____

Campus Address _____

Office Phone _____ Department _____

Course Information

Course Number & Title _____

Semester _____ Student's Name _____

Number of class/lab meetings per week _____

Number of Student Absences _____

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 discussions with the student about his/her class performance prior to the granting 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 tests, assignments, paper requirements etc.
3. All of the student's work still in your possession
4. Any other pertinent materials or information

Professor Signature _____ Date _____

This form is to be filed with the department chairperson no later than the end of the fifth week of the semester.

Please retain copies of all information filed with this statement.