

STUDENT GRADE APPEAL STATEMENT (F26A)

Student Information

Student's Name _____

Local Address _____

Phone _____

Course Information

Course Number & Title _____

Semester _____ Professor's Name _____

Grade Received in Course _____ Grade Expected in Course _____

Number of Class Absences _____

Date of meeting with instructor about grade received _____

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 the reason for requesting a grade change, any discussions with the instructor about your class performance prior receiving the disputed grade and during the meeting to discuss the grade, and the outcome of the meeting with the professor.

Provide documentation of class performance, including laboratory portions of the course if applicable.

Include copies (not originals) of:

1. Syllabus and other course materials (handouts, assignments, etc.)
2. All tests, assignments, papers, etc. returned by the professor
3. Any other pertinent materials or information

Student Signature _____ Date _____

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

Please retain copies of all information filed with this statement.