

Elon University
Professor Grade Appeal Statement

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.