

Grade Appeal Form (DSU Policy 03-30-00)

Student's Name _____

Course Number and Title _____ Semester _____

Instructor's Name _____

Instructor: I received written notice of the student's grade appeal on _____
(Date)

(Instructor's signature) _____ (Date)

Instructor's decision Change grade from ____ to ____
 No change

Student: I received notice of instructor's decision on my grade appeal on _____
(Date)

(Student's signature) _____ (Date)

Dean: I received written notice of the student's request for mediation on _____
(Date)

(Dean's signature) _____ (Date)

Dean's decision Concur with the instructor's grade recommendation
 Do not concur with the instructor's grade recommendation

Student: I received notice of the results of the mediation from the dean on _____
(Date)

(Student's signature) _____ (Date)

VPAA: I received written notice of the student's request for review on _____
(Date)

(VPAA signature) _____ (Date)

Committee's recommendation: Concur with the instructor's grade recommendation
 Do not concur with the instructor's recommendation