

Appeal of Grade Change Denial

Admissions and Records

Appeals are only initiated after Grade Change Request has been denied.

Last Name _____ First Name _____ MI _____ Student ID# _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Will you attend Committee Meeting? Yes No

I received a grade of _____ in Course _____, but I believe I earned a grade of _____

Semester Year _____ Spring Summer Fall Instructor Name _____

Written explanation stating basis for appeal and supporting documentation is required.

Per Education Code Section 76224: Grades assigned by the instructor shall be final in the absence of mistake, fraud, bad faith, or incompetence.

I declare under penalty of perjury that all information on this form is true and correct.

Student Signature _____ Date _____

Committee Response

Approved Grade changed to _____ Denied Date _____

Basis for Decision _____

Signatures

Committee Member

Committee Member

Committee Member

Dean, Enrollment Services

OFFICE USE ONLY

Committee Meeting notification to student ____/____/____

Appeal response to student via: E-mail Mail Date _____ Staff Initials _____