



Student Course Grade Appeal to Department Chair/Supervisor Form

Student Name _____ Student ID _____

Course No. and Title _____

Course Section _____ Semester Enrolled _____

Instructor _____

Nature of Complaint:

Requested Action/Resolution to Complaint:

(attach additional sheets, if necessary)

Date of original meeting or email with instructor to informally resolve issue: _____

Date of written complaint to instructor: _____

Attach written response of instructor to written complaint

Signature, Receipt by Department Chair/Supervisor

Date

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To Be Completed by Department Chair or Supervisor

Outcome of Meeting with Instructor and Student:

_____ Resolution to complaint reached among parties

_____ If resolution has not been reached, student has been informed of the right to appeal to the Student Grievance Committee

_____ Student has been notified by Department Chair in writing within ten workdays of receipt of the student's complaint on this form

Department Chair/Supervisor Notes:

Signature, Department Chair/Supervisor

Date