You must submit this grade appeal request to the chair of the department that offered the course no later than:
- Midterm day of the following spring semester for a class taken in the fall semester or
- Midterm day of the following fall semester for a class taken in the spring semester or summer term.

Eastern Illinois University
Grade Appeal Policy

FORM 1
Grade Appeal Request

Student Name ________________________________________________________________
Address ________________________________________________________________
Phone & Email ________________________________________________________________

I hereby appeal the semester/term grade assigned to me for the following class:
Course Prefix, Course Number, Course Section ____________________________________________
Course Title ________________________________________________________________________
Department _____________________________Term & Year _________________________________
Faculty Member _____________________________________________________________________
Faculty Assigned Grade __________________ Grade as Determined by Student _________________
Date of Student Faculty Informal Conference _____________________________________________

Grounds for the Grade Appeal (Check all that apply.)

_____ 1. A mathematical error in calculation of the grade or clerical error in recording of the grade that remains uncorrected.
_____ 2. The assignment of a grade by application of more exacting requirements than were applied to other students in the course.
_____ 3. The assignment of a grade on some basis other than performance in the course.
_____ 4. The assignment of a grade by a substantial departure from the faculty member’s previously announced standards.

Attachments (Attach copies of the following to this form.)

A. A brief explanation to support the grounds for your appeal.
B. A list of relevant support materials.
C. A copy of each of the support materials identified on the list.

______________________________________________________________________________
______________________________________________________________________________
Student Signature     Date

Received by:
Department: _____________________________ Date: _________________________________

Signature of Person Receiving this Request: _________________________________