FORM 1 Grade Appeal Request

Signature of Person Receiving this Request:					
Department:	Date:				
Received by:					
Student Signature	Date				
A. A brief explanation to support the groundB. A list of relevant support materials.C. A copy of each of the support materials in	, ,,				
Attachments (Attach copies of the following t	to this form.)				
4. The assignment of a grade by a substantial departure from the faculty member's previously announced standards.					
3. The assignment of a grade on som	ne basis other than performance in the course.				
2. The assignment of a grade by apple to other students in the course.	lication of more exacting requirements than were applied				
,	of the grade or clerical error in recording of the grade				
Grounds for the Grade Appeal (Check all that	apply.)				
Date of Student Faculty Informal Conference					
Faculty Assigned Grade	Grade as Determined by Student				
Faculty Member					
Department	_Term & Year				
Course Title					
Course Prefix, Course Number, Course Section					
I hereby appeal the semester/term grade assigned to me for the following class:					
Phone & Email					
Address					
Student Name					