



GRADE APPEAL FORM

Directions: Please complete this appeal form, attach any supporting documentation you may have, and return it to the appropriate Assistant Dean's Office (see next page). The Assistant Dean will respond in writing to your request within 15 school days.

Name: _____ Student ID Number: _____

Address: _____ Phone Number: _____

_____ Date of Birth: _____

Email: _____

Course Name, Number and Section (e.g. EN 101-2323): _____ Semester & Year (e.g. Fall '06) _____

Instructor: _____

Grade Received: _____ Grade Expected: _____

Please give a detailed explanation of why you are appealing your final grade. Feel free to attach additional pages, if necessary. Attach a copy of any supporting documentation you may have.

I hereby authorize Grand Rapids Community College to review my academic records and all information pertinent to this grade appeal. I certify that all statements I have made regarding this grade appeal are truthful.

Signature: _____ Date: _____

Do Not Write Below This Line – Assistant Dean's Office Use Only

Date Appeal Received: _____ Signature: _____

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