Grade Appeal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name: |   | CSU ID#: | Click here to enter text. |
| Address: |   |

 Street City State Zip

|  |  |  |  |
| --- | --- | --- | --- |
| Phone No. |   | CSU email address: | Click here to enter text. |

Indicate the type of grade being appealed (please use one form for each semester and only one check box):

|  |  |
| --- | --- |
| Term: |   |

[ ]  WF appeal (requesting grade change to W)

[ ]  W appeal (requesting removal of grade from record)

[ ]  \*Grade Appeal from F to Productive grade (A, B, C, etc.)

[ ]  \*Other – Very Rare (for example, accidentally attending class A while on the roll of class B; finishing class A with no grade, while getting a WF in class B)

\* If checked, also attach completed grade change form.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course: | Click here to enter text. | CRN: | Click here to enter text. |  | Course: |   | CRN: |   |
| Course: |   | CRN: |   |  | Course: |   | CRN: |   |
| Course: |   | CRN: |   |  | Course: |   | CRN: |   |

**Note: An “F” cannot be changed to a “W” with this form.** A student who has been assigned a grade of “F” (or “U”) must request the instructor change the grade to a “WF” before an appeal can be made. The instructor, however, is not required to agree to the request.

A student may appeal a grade **if documentation of a non-academic hardship** can be provided. Do not staple documentation to this form. Use a gem clip of binder clip to attach to this form:

* An explanation of the reason for the grade appeal (written by the student)
* Documentation supporting the appeal

Check the type of documentation attacked to your appeal:

[ ]  Instructor/advisor statement recommending approval of this appeal

[ ]  Medical records (hospital, doctor, psychiatrist, psychologist)

[ ]  Court/jail records

[ ]  Letter from employer (indication job relocation, etc.)

[ ]  Social worker/minister’s statement

|  |  |
| --- | --- |
| [x]  Other:  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Signature: | Click here to enter text. | Date: | 3/25/2021 |
| Dept. Chair’s Signature: |   | Date: |   | [ ]  I support | [ ]  I do not support |
| Comment by Chair: |   |
| Dean’s Signature: |   | Date: |   | [ ]  I support | [ ]  I do not support |
| Comment by Dean: |   |

**This completed form along with the student’s reason for the appeal and supporting documentation should be turned in to the Registrar’s Office, University Hall.**

*DO NOT WRITE BELOW THIS LINE*

|  |  |  |  |
| --- | --- | --- | --- |
| Academic Standards Committee Decision:  |   | Date: Of Action: |   |