



GRADE APPEAL PETITION

Name: _____ T# _____

Email: _____ Phone Number: _____

TYPE OF APPEAL

I am petitioning for a ____ numerical ____ substantive appeal for a ____ final exam
____ paper ____ other _____.

COURSE INFORMATION

Course Name: _____ Professor: _____

Course Section: _____ Term/Year: _____

Pursuant to the student handbook,

____ I met with the professor on _____.

____ I am requesting the professor meeting be waived because

_____.

REQUIRED INFORMATION

Points received _____ Points sought _____

Final grade received _____ Final grade sought _____

FACTS IN SUPPORT OF PETITION

In the space below, please set forth a clear, accurate, concise, full, and complete statement of the facts relied on in support of your petition.

By signing below, I acknowledge that the information provided in this appeal is accurate to the best of my knowledge. I acknowledge that I have read the grade appeals policy in the Student Handbook.

Signature: _____ Date: _____

By providing my typed or electronic signature, I understand that it will be considered the legal equivalent of my manual signature.

Students should submit their Grade Appeal Petition to the Petitions Committee via email to the Dean of Students.