



Student's Name _____ Date _____

Current Address _____ GSC ID # _____

_____ Phone _____

Major Program _____ Advisor _____

I am appealing the final grade for: CRN-SUBJ-CRSE _____ Grade Assigned _____

Comments: _____

Student's Signature _____ **Date** _____

(Student must meet with instructor within seven (7) weekdays* of the assignment of the course grade.)

The student met with me on _____ (date) and we are able to resolve the issue.

The student met with me on _____ (date) and we are not able to resolve this issue.

Instructor's Signature _____ **Date** _____

Comments: _____

I have conferred with the student and instructor on _____ (date) and the issue was resolved.

I have conferred with the student and instructor on _____ (date) and we are unable to resolve this issue.

Department Chair's Signature _____ **Date** _____

With completion of above signatures and no resolution, this form must be returned to the Provost within seven (7) weekdays. Appeal will be forwarded to the Academic Appeals Committee.

Academic Appeals Committee Recommendation: _____

Agree Disagree

Provost Signature _____ **Date** _____

Comments: _____

*A weekday is defined as Monday through Friday when classes are in session during the fall, spring or summer semesters.