



Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax: 304-462-8619 registrar@glenville.edu

Student's Name _____ Date _____

Permanent Address _____ ID # _____

_____ Advisor: _____

Phone Cell Permanent _____

I am appealing the final grade for: CRN-SUBJ-CRSE _____ Term/Year _____

Grade Assigned: _____ Grade I believe I earned: _____

Comments: _____

Student's Signature: _____ **Date:** _____

(Student must complete and take this form to meet with the instructor within seven (7) workdays of the assignment of the course grade. Form may be emailed to the instructor if not meeting with them in person.)

I spoke to the student via _____ on _____ and we were able to resolve the issue.
(email/phone/in person) date(s)

I spoke to the student via _____ on _____ and we were not able to resolve this issue.
(email/phone/in person) date(s)

Instructor's Signature: _____ **Date:** _____

Comments: _____

If there is no resolution and the student wishes to continue with their appeal, this form must be forwarded to the Vice President for Academic Affairs within seven (7) workdays. The Appeal will then be forwarded to the Academic Appeals Committee. If there was a resolution and a grade change is warranted, the instructor must submit a Grade Change Request form along with this form to the Registrar's Office.

Academic Appeals Committee Recommendation: (if applicable) _____

Agree Disagree

VP for Academic Affairs : _____ **Date:** _____

Comments: _____