



MUSKEGON COMMUNITY COLLEGE
FINAL GRADE APPEAL FORM

Date: _____

Student Name _____ Student ID _____

Address _____ City _____ State _____ Zip _____

(____) _____ (____) _____ Telephone Number _____ Alternate Phone Number _____ E-Mail Address _____

Instructor's Name _____ Course Name _____ Section _____

Semester and Year of Appeal: _____

Instructions:

STEP ONE-INSTRUCTOR DECISION: Consult with the instructor to see if an understanding can be reached. If the instructor denies your request, ask the instructor to provide a written response by completing step one on the back (or page 2) of this form.

STEP TWO - DEPARTMENT CHAIR DECISION: If step one is denied by the instructor, consult with the Department Chair in which the course was offered. Following a review of your appeal and the instructor's response, the Department Chair must provide his or her written opinion of the appeal along with any additional pertinent information.

STEP THREE - VICE PRESIDENT/ASSOCIATE VP OF ACADEMIC AFFAIRS DECISION: If step one and two are denied, consult with the VP for Academic Affairs or the Associate Vice President for Academic Affairs. Following a review of your appeal, the instructor and Department Chair's responses, the Vice President/Associate Vice President of Academic Affairs must provide his or her written opinion of the appeal along with any additional pertinent information.

STEP FOUR - PETITIONS COMMITTEE DECISION: If you are not satisfied with the outcome of the previous decisions, you must submit this written appeal with signatures and attachments to the Student Assistance Counter.

YOU MUST INCLUDE a typed attachment providing all relevant details and documentation that support your appeal including the remedy you are requesting.

Read this statement carefully:

- I am applying for the Final Grade Appeal. I have attached all the documentation that I want reviewed. MCC has made me aware of the typical outcomes of the appeal process but I understand that my own situation may vary from those.
I understand that the decision of the Student Services Council/Petitions Committee is final.

By signing below, I indicate that I understand each item above and I am certifying that the information I am providing is true. Misrepresentation of fact or documentation may be sufficient cause for automatic denial of this appeal and may be in violation of the Student Conduct Code.

Student Signature: _____ Date: _____

The Student Services Council is the governing body that decides Final Grade Appeals. It meets on the third (3rd) Tuesday each month. If you would like to attend the meeting when your Appeal will be reviewed, please contact Patti D'Avignon, Associate Registrar, 231-777-0240.

PLEASE NOTE: ALL FINAL GRADE APPEALS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE SCHEDULED MEETING.

(Submit this form to the Student Services Center or mail to the address below)

Student Services Petitions Committee
Muskegon Community College
221 S. Quarterline Road
Muskegon, MI 49442

Date Rec'd: _____
Staff Initials: _____
Petition # _____

STEP ONE – INSTRUCTOR DECISION

GRANTED DENIED Instructor Signature _____ Date _____

Reason for Decision

STEP TWO – DEPARTMENT CHAIR DECISION

GRANTED DENIED Department Chair Signature _____ Date _____

Reason for Decision

STEP THREE – VICE PRESIDENT/ASSOCIATE VP OF ACADEMIC AFFAIRS DECISION

GRANTED DENIED Vice President Signature _____ Date _____

Reason for Decision

STEP FOUR – PETITIONS COMMITTEE DECISION

GRANTED DENIED Petitions Chair Signature _____ Date _____

Reason for Decision

NOTE: A COPY OF THIS FORM SHOULD BE RETURNED TO THE STUDENT AFTER EACH DECISION.