FINAL GRADE APPEAL FORM

Date: ____________

Student Name ___________________________ Student ID _______________________

________________________________________________________________________

Address ___________________________________________________________________

City ___________________________ State ________ Zip _________________

Telephone Number ____________________ Cell Phone Number ____________________ E-Mail _______________________

Instructor’s Name ___________________________ Course Name ____________________ Section __________

Semester and Year of Appeal: __________

Instructions:

1. Grades may be challenged retroactive one year from the date the grade was officially recorded.

2. You should consult with the instructor to see if an understanding can be reached. You are entitled to an explanation as to how the grade was determined. If a solution is not found, the instructor should provide a written response to the student’s appeal, providing documentation as to how the grade was determined. The instructor’s response should include a copy of the course outline or syllabus provided to your student’s class at the beginning of the semester.

3. After obtaining the instructor’s written response to the appeal, you may submit the form to the Department Chair in which the course was offered. Following a review of your appeal and the instructor’s response, the department Chair should provide his or her written opinion of the appeal along with any additional, pertinent information.

4. If you are dissatisfied with the opinion for the department chair, he or she may submit the appeal to the VP for Academic Affairs or the Associate Vice President for Academic Affairs. If the student is not satisfied with the decision of the VP, you may submit a written appeal with signatures to the Records and Registration Office. At this time a meeting of the Petitions Committee will be called to review and make a final decision on the appeal. The Records and Registration Office will notify you of the decision. The decision of the Petitions Committee will be considered final.

In the space below, please provide all relevant details and documentation that support your appeal. Please include the remedy you are requesting (use additional sheets if necessary).

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Student Signature ___________________________ Date Submitted ____________

(Submit this form to the Record’s Office or mail to the address below)

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

STEP ONE