



**MUSKEGON COMMUNITY COLLEGE
FINAL GRADE APPEAL FORM**

Petition # _____

Rec'd/STRK Date _____

Date: _____

Student Name _____

Student ID _____

Address _____

City _____

State _____

Zip _____

(____) _____

(____) _____

Telephone Number _____

Alternate Phone Number _____

E-Mail Address _____

Instructor's Name _____ Course Name _____ Section _____

Semester/Year of Appeal: _____

Original Grade Received:

Grade Requested:

PLEASE NOTE: All grade appeals must be received no later than one year after the grade is officially recorded.

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. The instructor should give you a copy of the syllabus from the course listed along with an explanation of how the grade was determined.

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 – ACADEMIC AFFAIRS DECISION: If step one and two are denied, the Office of Academic Affairs (Room 1309 or AcademicAffairs@muskegoncc.edu) will route your appeal to the appropriate Dean or the Provost. Following a review of your appeal and the instructor and Department Chair's responses, the Academic Affairs representative must provide their 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 Welcome Center.

YOU MUST INCLUDE a typed attachment (no more than 2 pages) 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 the MCC Registrar, at 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 Welcome Center or mail to the address below)

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

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 – ACADEMIC AFFAIRS

GRANTED DENIED _____ 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.