Grade Appeal Form

Printed Name: ________________________________ CSU ID#: ________________________________

Address: ____________________________________________________________

Street

City

State

Zip

Phone No. __________________________ CSU email address: __________________________

Indicate the type of grade being appealed (please use one form for each semester and only one check box):

Term:

☐ WF appeal (requesting grade change to W)
☐ W appeal (requesting removal of grade from record)
☐ *Grade Appeal from F to Productive grade (A, B, C, etc.)
☐ *Other – Very Rare (for example, accidentally attending class A while on the roll of class B; finishing class A with no grade, while getting a WF in class B)

* If checked, also attach completed grade change form.

Course: __________________ CRN: ________________

Course: __________________ CRN: ________________

Course: __________________ CRN: ________________

Note: An “F” cannot be changed to a “W” with this form. A student who has been assigned a grade of “F” (or “U”) must request the instructor change the grade to a “WF” before an appeal can be made. The instructor, however, is not required to agree to the request.

A student may appeal a grade if documentation of a non-academic hardship can be provided. Do not staple documentation to this form. Use a gem clip of binder clip to attach to this form:

- An explanation of the reason for the grade appeal (written by the student)
- Documentation supporting the appeal

Check the type of documentation attacked to your appeal:

☐ Instructor/advisor statement recommending approval of this appeal
☐ Medical records (hospital, doctor, psychiatrist, psychologist)
☐ Court/jail records
☐ Letter from employer (indication job relocation, etc.)
☐ Social worker/minister’s statement
☐ Other: __________________________

Student’s Signature: __________________________ Date: ________________

Dept. Chair’s Signature: __________________________ Date: ________________ I support __________ I do not support __________

Comment by Chair: __________________________

Dean’s Signature: __________________________ Date: ________________ I support __________ I do not support __________

Comment by Dean: __________________________

This completed form along with the student’s reason for the appeal and supporting documentation should be turned in to the Registrar’s Office, University Hall.

DO NOT WRITE BELOW THIS LINE

Academic Standards Committee Decision: __________________________ Date: Of Action: ________________