

**COLLEGE OF HEALTH AND HUMAN SERVICES
STUDENT GRADE APPEAL PROCEDURE CHECKLIST**

Please type on the form.

As a student, I wish to appeal the following grade or decision:

State in the space below what decision you are appealing and the reason(s) you are appealing the decision. Be specific and complete. Provide a time line and attach any supporting documentation about your appeal that you feel is pertinent. Please type the appeal.

Signature of Student

Student's Name

I am seeking the following remedy if my appeal is successful.

Signature of Student

Student's Name

I. Meeting with course faculty.

Date of meeting _____

Student: _____

Course Faculty: _____

Course Title and Number: _____

Faculty's Determination and Rationale: Please attach all supporting documentation

Signature of Faculty

If the student and course faculty are unable to resolve the appeal, the student may then appeal to the department chair, who may make an attempt to informally resolve the issue. This affords another opportunity for resolving the conflict.

II. Meeting with department chair.

Date of meeting _____

Student: _____

Department Chair: _____

Chair's Determination and Rationale: Please attach all supporting documentation

Signature of Department Chair

Student: _____

Student's Current Address: _____

(street address)

(city, state, zip code)

Student's Telephone Number: _____

Student's Campus email: _____

If the conflict is not resolved between the student and the course faculty with the assistance of the department chair, the student has the option to appeal to the College of Health and Human Services Dean

III. College Student Appeal Committee.

Date of meeting _____

Student: _____

Chair of the College Student Appeals Committee:

Committee Recommendation: Please attach all supporting documentation

Signature of Chair of the College Student Appeals Committee