

Grade Appeal Form

Date _			
Studer	it Name		Student ID
Teleph	one	ACC Email	
-	• •	I Policy in the Catalog? YES _ ore completion of this form.)	NO
Course	Information (e.g. BIOL 14	20.01)	
Semes	ter/Year (e.g. Fall 2019)	 	
Faculty	/ (first and last name)		
1.	Have you attempted to resolve the final grade dispute with the faculty member? YESNO (If you answered NO to the question above, please contact your faculty member and try to resolve the dispute. The Dean cannot proceed until this attempt has been reasonably made.)		
2.	Date and method of last	contact with the instructor of	the course.
3.	What was the outcome of	of the meeting with your instr	uctor?
4.	State specifically the grad	de that you received, the expe	ected grade you feel you earned, and the

action that you would like to see taken.

5.	Below are the four general reasons that students can file a grade appeal disputing their final grade. Please provide your rationale for any of the reasons below. You may have more than one reason and that is acceptable; answer in all of the relevant sections for your appeal. Please attach any additional documentation that you believe supports your appeal. (<i>Use additional pages if more space is needed.</i>) a. If your appeal is based upon a deviation from the syllabus or ACC Board Policy, please explain here:		
	b. If your appeal is based upon grade calculation errors, please explain here:		
	c. If your appeal is based upon the disparate treatment of a student other than those addressed by Title IX processes, please explain here:		
	d. If your appeal is based upon an inappropriate grade penalty for academic dishonesty, please explain here:		
	nt's Signature Date d completed forms to trios@alvincollege.edu so they can be routed to the appropriate Dean.		
	fice Use Only:		
	al Granted Appeal Denied		
Review	ver Date		