

# CARL ALBERT STATE COLLEGE GRADE APPEAL FORM

Please check one box:     Grade Appeal     Removal of Course/Grade

Student Name \_\_\_\_\_ ID # \_\_\_\_\_

Course/Section \_\_\_\_\_ Instructor \_\_\_\_\_ Sem/Year \_\_\_\_\_

Explanation \_\_\_\_\_

- Please note by signing this form you are giving permission for any of your records to be reviewed.
- Student has 90 days after grade appears on permanent record.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Does Instructor Approve or Disapprove Request?     Approve     Disapprove

With my signature below, I affirm that the posted letter grade for this student should be changed from a \_\_\_\_\_ to a \_\_\_\_\_ for the reasons stated below:

Comments \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

(An email from faculty can be attached in lieu of signature.)

Does Division Chair Approve or Disapprove Request?     Approve     Disapprove

With my signature below, I affirm that the posted letter grade for this student should be changed from a \_\_\_\_\_ to a \_\_\_\_\_ for the reasons stated below:

Comments \_\_\_\_\_

Division Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

(An email from Division Chair can be attached in lieu of signature.)

Does Grade Appeal Committee Approve or Disapprove Request?     Approve     Disapprove

With my signature below, I affirm that the posted letter grade for this student should be changed from a \_\_\_\_\_ to a \_\_\_\_\_ for the reasons stated below:

Comments \_\_\_\_\_

Grade Appeal Committee Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic VP Signature \_\_\_\_\_ Date \_\_\_\_\_

Office of Admissions: Date Received \_\_\_\_\_ Registrar Signature \_\_\_\_\_