

# NORTH CENTRAL STATE COLLEGE

## GRADE APPEAL FORM

This form should be completed and returned to the divisional Dean in the area in which contested grade was assigned.

### Student Information

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(NCSC student email address required for correspondence regarding grades.)

### Course Information

Course Prefix, Number, Section: \_\_\_\_\_ Date Grade Assigned: \_\_\_\_\_

Name of Faculty Assigning Grade: \_\_\_\_\_

### Grade Information

Original Grade: \_\_\_\_\_ Grade Change Request on Appeal: \_\_\_\_\_

**State Why Grade Should Be Changed: (Provide any documents that support your grade change request and show that you were graded unfairly, including statements or documents that you contacted the faculty member regarding the grade.)**

### Student Signature

I understand that this is an appeal for a grade change, and the results may raise, lower, or have no effect upon my grade.

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

### Appropriate Academic Administrator Decision and Signature

\_\_\_\_ Approved      Grade Granted on Appeal: \_\_\_\_\_

\_\_\_\_ Denied      Reason for Denial: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Academic Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_