

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: _____