



GRADE APPEAL PETITION

Name: _____ T# _____

Email: _____ Phone Number: _____

TYPE OF APPEAL

I am petitioning for a ___ numerical ___ substantive appeal for a ___ final exam
___ paper ___ other _____.

COURSE INFORMATION

Course Name: _____ Professor: _____

Course Section: _____ Term/Year: _____

Pursuant to the student handbook,

_____ I met with the professor on _____.

_____ I am requesting the professor meeting be waived because

_____.

REQUIRED INFORMATION

Points received _____ Points sought _____

Final grade received _____ Final grade sought _____

FACTS IN SUPPORT OF PETITION

In the space below, please set forth a clear, accurate, concise, full, and complete statement of the facts relied on in support of your petition.

By signing below, I acknowledge that the information provided in this appeal is accurate to the best of my knowledge. I acknowledge that I have read the grade appeals policy in the Student Handbook.

Signature: _____ Date: _____

By providing my typed or electronic signature, I understand that it will be considered the legal equivalent of my manual signature.