

## Grade Appeal

To appeal the grade you have received in a course:

1. Complete this appeal form and submit it along with documentation of the facts cited in your appeal.
2. Your appeal must be submitted no later than 6 weeks after the end of the academic term of the dispute.
3. **Submit your appeal to the Executive Dean of Student's office where it will be forwarded to the appropriate Academic Dean/Director for review.**
  - a. Salem Campus, Bldg 3, Room 272B
4. You will be contacted regarding the decision within 30 calendar days of receipt of the appeal
5. The decision of the Academic Dean/Director is final, and there will be no further appeal beyond this point.

Student ID (K#):          Date:   -   -

Name: \_\_\_\_\_  
Last, First, Middle

Address: \_\_\_\_\_  
Street, City, State Zip

Phone Number with Area Code: \_\_\_\_\_ Email: \_\_\_\_\_@my.chemeketa.edu  
Home Cell

Course Subject & #: \_\_\_\_\_ Term: \_\_\_\_\_  
(example MTH 095) (example Fall 2014)

Instructor's Name: \_\_\_\_\_

Provide answers to the following questions and provide documentation as requested. You may attach separate sheets if the space provided is not sufficient.

- 1) Please cite facts supporting your appeal including specific dates or situations that affected your grade (e.g. classroom participation, exams, coursework, etc...). Attach documentation supporting the facts that you have cited.

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2) Prior to submitting this appeal how have you attempted to resolve this situation?

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3) What grade do you believe that you have earned? \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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**For Office Use Only:**

Date Appeal Received: \_\_\_\_\_ Appeal Received By: \_\_\_\_\_

Supervisor's Summary of Investigation & Decision:

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Supervisor's Printed Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Sent To:       Student                       Instructor