

Southern Connecticut State University

Grade Appeal Form

LEVEL 1 - Part A: Initiating an Appeal

To be completed by the Student and submitted to the Instructor and the Instructor's Department Chairperson / Program Director after the Student has communicated with the Instructor.

Name: (Last) _____ (First) _____ (M.I.) _____

Student ID: _____

Course Department Code: _____ Course Number: _____ Section: _____

Indicate semester course taken: FALL _____ SPRING _____ SUMMER _____ WINTER _____

Year course taken: _____ Instructor: _____

Explain below, in detail, why you think a palpable injustice has occurred. Refer to the definition of palpable injustice in item I (page 1) of the Grade Appeal Policy (see [University Catalog>Grade section](#)). Please also attach any relevant documentation. Use additional sheet on page 4 if necessary:

STUDENT SIGNATURE* _____

Date: _____

CHAIRPERSON SIGNATURE* _____

Date: _____

*Signatures from both parties signify that the Student and Chairperson / Program Director have met and discussed the grade appeal, and that the Chairperson / Program Director shall initiate mediation efforts with the Instructor or render a decision in the case of an Absent Instructor. In cases, where the Chairperson / Program Director is the Instructor of the course, and the Student is moving directly to a Level 2 appeal, no signature from the Chairperson/Program Director is required.

Southern Connecticut State University

Grade Appeal Form

LEVEL 1 - Part B: Documenting the Outcome of the Appeal

To be completed by the Department Chairperson / Program Director after mediation efforts with the Instructor have been completed or after the Chairperson / Program Director has rendered a decision in the case of an Absent Instructor. The Chairperson / Program Director must return the completed form to the Student and provide copies to the Instructor and the Dean of the Instructor's school or college.

- 1. Document Chairperson's / Program Director's efforts to mediate the grade dispute (e.g. date or dates of contact and/or discussion, etc.). In the case of an Absent Instructor, indicate this.

- 2. Was a resolution reached? (Check one) YES NO

- 3. Provide a summary of grade appeal decision. If resolution not reached, the Student may proceed to Level 2. (Use additional sheets if necessary.)

Grade Prior to Appeal _____ Grade Following Appeal (if changed) _____

STUDENT SIGNATURE* _____ Date: _____

INSTRUCTOR SIGNATURE* _____ Date: _____

CHAIRPERSON SIGNATURE* _____ Date: _____

*Signatures from all three parties signify that the Chairperson's / Program Director's mediation efforts have been completed and have culminated either in an agreement by the Instructor to change the grade or in a denial of the appeal. In cases of an Absent Instructor, no Instructor signature is needed. In cases where the Chairperson / Program Director is the Instructor of the course and the Student is moving directly to a Level 2 appeal, no signature from the Chairperson /Program Director is required.

It is the chair's responsibility to distribute the completed form, sequentially, to the Student and the Instructor for their signatures, and to provide copies of the completed and signed form to the Student, the Instructor, and the Dean of the instructor's school or college.

NOTE: All parties shall retain copies of this completed form and supporting documentation.

Southern Connecticut State University

Grade Appeal Form

LEVEL 2: Appealing to the University Academic Standing Committee

The Student submits this form along with the completed and signed forms for Level 1, Parts A and B, and all documentation to the Faculty Senate President. Students may include additional explanation and documentation of the appeal if they wish. The Faculty Senate President shall forward the entire appeal packet to the University Academic Standing Committee and the Dean of the instructor's school or college.

(To be completed by Student)

1. Date of grade appeal submission to Faculty Senate President: (dd)____ \ (mm)____ \ (yr) _____

(To be completed by Faculty Senate President)

2. Date grade appeal received from Student: (dd) ____ \ (mm) ____ \ (yr) _____

3. Date grade appeal forwarded to UASC and to relevant Dean: (dd)____ \ (mm)____ \ (yr) _____

(To be completed by UASC)

4. Provide a written rationale of UASC grade appeal decision. (Use additional sheets if necessary.)

SIGNATURE OF UASC CHAIRPERSON(S) _____

SIGNATURE OF UASC CHAIRPERSON(S) _____

Date of Grade Appeal Final Decision: (dd)____ \ (mm)____ \ (yr) _____

Grade Prior to Appeal: _____ Grade Following Appeal: _____

Date Grade Change Submitted to Registrar (if applicable): (dd) ____ \ (mm) ____ \ (yr) _____

Date Decision and Written Rationale Sent to Student, Instructor, Department Chairperson / Program Director, and relevant Dean: (dd) ____ \ (mm) ____ \ (yr) _____

NOTE: All parties shall retain copies of this completed form and supporting documentation.

Southern Connecticut State University

Grade Appeal Form

LEVEL 1 - Part A: Initiating an Appeal

ADDITIONAL SHEET Continued from Page 1

NOTE: All parties shall retain copies of this completed form and supporting documentation.