## **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 supporting 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.                                                        |