

Southwest Tennessee Community College
Grade Appeal Form

Name of student: _____ Student's ID number: _____	
Student address: _____	State: _____ Zip code: _____
Student telephone numbers: (home) _____ (work) _____ (other) _____	
Course number: _____	Course title: _____ Semester (circle): Fall Spring Summer
Year: ____	

I request a grade change for the following specific reasons: _____

Student Signature: _____ Date: ____ / ____ / ____

Instructor:

I have discussed this appeal directly with the student and have reached the following determination after full consideration:

- The original grade is fair, accurate and final.
- An error may have occurred and I recommend a change **from** _____ **to** _____
I will submit a Grade Change Form to the Records Office.

Comment: (attach additional pages as needed) _____

Instructor Signature: _____ Date of response: ____ / ____ / ____

- I concur with the findings of the Instructor.
- I disagree with the findings of the Instructor, please forward to the next level

Student Signature: _____ Date: ____ / ____ / ____

Department Chair:

I have reviewed this appeal and make the following determination:

- I concur with the findings of the Instructor.
- I disagree with the findings of the Instructor.

Comment: (attach additional pages as needed) _____

Department Chair Signature: _____ Date of response: ____ / ____ / ____

- I concur with the findings of the Department Chair.
- I disagree with the findings of the Department Chair please forward to the next level

Student Signature: _____ Date: ____ / ____ / ____

Division Dean:

I have reviewed this appeal and make the following determination:

- I concur with the findings of the Instructor. I disagree with the findings of the Instructor.

Comment: (attach additional pages as needed) _____

Division Dean Signature: _____ Date of response: ____ / ____ / ____

- I concur with the findings of the Division Dean. I disagree with the findings of the Division Dean, please forward to the next level

Student Signature: _____ Date: ____ / ____ / ____

Grade Appeal Committee of the Faculty Senate:

We have reviewed and investigated this appeal request and the above steps taken to seek resolution. Our recommendation is as follows:

Grade Appeal Committee Chair Signature: _____ Date of response: ____ / ____ / ____