Students have the right to appeal any grade within fifteen (15) class days after the posted date of the grade. The procedure prescribed for a student to exercise the right to appeal a grade is as follows:

1. First, the student must go to the instructor or staff member with whom the problem originated and attempt to resolve the problem at this level. If the grievance is determined to be an academic or grade appeal, the student must follow the steps outlined in this form
2. The student initiates the appeal of an individual grade or course grade by completing the biographical and descriptive information prompted on the first page of the Grade Appeal Form. The student then submits the completed form to the instructor of the class in which the grade was assigned.
3. The instructor reviews the description of the problem and any related supporting evidence documented on the form by the student and then renders a decision to either uphold or amend the grade. The instructor records information related to the decision on the form and reports this information to the student. Based on the instructor’s decision, the student indicates on the form whether to accept the instructor’s decision or to continue the appeal process.
4. If the student wishes to continue the appeal process, then the student has the right to appeal the instructor’s decision to the appropriate supervising department chair who will, in turn, respond with a decision to uphold the original grade or to overturn the instructor’s decision. If, after completing this step, the student feels that the issue is still unresolved, then the student has the right to appeal the department chair’s decision to the appropriate supervising academic dean who will respond with a decision to uphold the original grade or to overturn the department chair’s decision. If the issue is still unresolved, the student may continue the appeal process based on the time frames and sequence specified on the Grade Appeal Form.

**Instructions:** Complete all parts of Sections 1 and 2, and then submit this form as an attachment via email to the instructor of the course for which a grade is being appealed.

**Section 1: Student Information**

**Student Name (First, Middle Initial, Last):** Click here to enter text.

**Student ID Number:** Click here to enter text.

**Address (Street, City, State, Zip):** Click here to enter text.

**Contact Phone w/ Area Code (example: 919-555-1234):** Click here to enter text.

**Email Address:** Click here to enter text.

**Section 2: Student Description of Grade Appeal Issue**

**Date on which you are submitting this appeal form:** Click here to enter a date.

**Course number and section related to the appeal (example: AST 111 L01):** Click here to enter text.

**Describe the problem in detail. Be as specific as possible in describing:**

* **Sequences of events**
* **Efforts you have made to resolve the grade dispute**
* **Supporting evidence**
* **Recommended solution(s)**
* **Attached scans of documents that support your appeal**

Click here to enter text.

***Student:*** *Please attach electronic copies or scanned images of documents that support your appeal. If you do not have access to a digital scanner, you may seek assistance from a CCCC Library Resource Center to scan your supporting documents or deliver hard copies of these documents directly to your instructor. Keep a copy of this Grade Appeal Form for your records. You have the option to view your tests, your assignments, or other materials* ***specifically*** *related to your appeal, however you must contact the appropriate faculty to request access to this information prior to submitting the appeal form.*

**SECTION 3 Instructor Response**

***INSTRUCTOR:*** *Provide the student with a response within five working days of receipt of the Grade Appeal Form and retain a copy on file for college records per the Grade Appeal Guidelines for Faculty and Instructional Administrators. NOTE: If the instructor of record is a department chair, skip this section and provide a response in the following section.*

**Instructor Name:** Click here to enter text.

**Academic Department:** Click here to enter text.

**Email Address:** Click here to enter text.

**Decision and Supporting Rationale:** Click here to enter text.

**Supervisor Name and Title:** Click here to enter text.

**Supervisor Email Address:** Click here to enter text.

***Student:*** *Please review the Instructor’s response and specifically indicate via email whether you:*

*1. Accept this decision and wish to end the appeal process at this point or,*

*2. Do not accept this decision and wish to submit the appeal to the supervisor identified above.*

***Send the Grade Appeal Form in its entirety, along with any original attachments, in your email response to both the Instructor and the supervisor.***

**SECTION 4 DEPARTMENT CHAIR RESPONSE**

***DEPARTMENT CHAIR:*** *Provide the student with a response within five working days of receipt of the Grade Appeal Form and retain/submit a file copy for college records per the Grade Appeal Guidelines for Faculty and Instructional Administrators.*

**Department Chair Name:** Click here to enter text.

**Academic Department:** Click here to enter text.

**Email Address:** Click here to enter text.

**Decision and Supporting Rationale:** Click here to enter text.

**Supervisor Name and Title:** Click here to enter text.

**Supervisor Email Address:** Click here to enter text.

***Student:*** *Please review the Department Chair’s response and specifically indicate via email whether you:*

*1. Accept this decision and wish to end the appeal process at this point or,*

*2. Do not accept this decision and wish to submit the appeal to the supervisor identified above.*

***Send the Grade Appeal Form in its entirety, along with any original attachments, in your email response to both the Department Chair and the supervisor.***

**SECTION 5 ACADEMIC DEAN RESPONSE**

***ACADEMIC DEAN:*** *Provide the student with a response within five working days of receipt of the Grade Appeal Form and retain/submit a file copy for college records per the Grade Appeal Guidelines for Faculty and Instructional Administrators.*

**Academic Dean Name:** Click here to enter text.

**Academic Division:** Click here to enter text.

**Email Address:** Click here to enter text.

**Decision and Supporting Rationale:** Click here to enter text.

**Supervisor Name and Title:** Click here to enter text.

**Supervisor Email Address:** Click here to enter text.

***Student:*** *Please review the Academic Dean’s response and specifically indicate via email whether you:*

*1. Accept this decision and wish to end the appeal process at this point or,*

*2. Do not accept this decision and wish to submit the appeal to the supervisor identified above.*

***Send the Grade Appeal Form in its entirety, along with any original attachments, in your email response to both the Academic Dean and the supervisor.***

**SECTION 6 EXECUTIVE VICE-PRESIDENT RESPONSE**

***EXECUTIVE VICE-PRESIDENT:*** *Provide the student with a response within five working days of receipt of the Grade Appeal Form and retain/submit a file copy for college records per the Grade Appeal Guidelines for Faculty and Instructional Administrators.*

**Executive Vice-President Name:** Click here to enter text.

**Email Address:** Click here to enter text.

**Decision and Supporting Rationale:** Click here to enter text.

**Supervisor Name and Title:** Click here to enter text.

**Supervisor Email Address:** Click here to enter text.

***Student:*** *Please review the Executive Vice-President’s response and specifically indicate via email whether you:*

*1. Accept this decision and wish to end the appeal process at this point or,*

*2. Do not accept this decision and wish to submit the appeal to the supervisor identified above.*

***Send the Grade Appeal Form in its entirety, along with any original attachments, in your email response to both the Executive Vice-President and the supervisor.***

**SECTION 7 COLLEGE PRESIDENT RESPONSE**

***COLLEGE PRESIDENT:*** *Provide the student with a response within five working days of receipt of the Grade Appeal Form and retain a file copy for college records per the Grade Appeal Guidelines for Faculty and Instructional Administrators.*

**College President Name:** Click here to enter text.

**Email Address:** Click here to enter text.

**Decision and Supporting Rationale:** Click here to enter text.

***Student:*** *Please review the College President’s response and specifically indicate via email that you:*

*1. Acknowledge receiving this decision and,*

*2. Understand that this decision is binding and represents the final level of appeal.*

***Send the Grade Appeal Form in its entirety, along with any original attachments, in your email response to the College President.***