

# STUDENT GRADE APPEALS FORM

Student Name \_\_\_\_\_

College: (check one) \_\_\_\_\_ College of Business, Education and Professional Studies  
\_\_\_\_\_ College of Arts, Letters and Sciences

Major \_\_\_\_\_

Date the grade in question was received: \_\_\_\_\_

Date the grade appeal form filed: \_\_\_\_\_

The course, instructor, and the grade being appealed:

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Date, time and place of the meeting with the instructor to discuss reconsideration of the grade received: \_\_\_\_\_

Comments:

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Reason(s) for the Grade Appeal: (Please use the space below and be as specific as possible; please attach additional pages if more space is needed).

Any student may initiate a grade appeal if the student has grounds to believe that one or more of the following occurred (at least one must be indicated and addressed):

\_\_\_\_ a. The course objectives were significantly changed in a manner so as to create unfair treatment; or

\_\_\_\_ b. The criteria for evaluations were significantly changed in a manner so as to create unfair treatment; or

\_\_\_\_ c. Evaluation was arbitrary or capricious.

I have read and understand Policy G-005 Student Grade Appeal and the Grade Appeal Procedure as found in the SMSU Student Handbook.

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Dean signature \_\_\_\_\_ Date: \_\_\_\_\_

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PART TWO

STUDENT SCHEDULE: PLEASE ATTACH A COPY OF YOUR CURRENT SEMESTER SCHEDULE

STUDENT MAILING ADDRESS (LOCAL): \_\_\_\_\_

STUDENT PHONE: \_\_\_\_\_

STUDENT SMSU E-MAIL: \_\_\_\_\_