

**Grade Appeal Request Form** (Updated: May 17, 2000)

Date:	Student ID Number:
Name:	
Street Address:	
City:	Zip Code:
Home Phone:	Work Phone:
Email:	Cell Phone/Pager:
Course Title:	Course Number:
Semester/Year:	Professor:
Grade Received:	

Before requesting a review of your grade by an academic department, you must discuss your appeal with your professor.

Have you talked with your professor concerning this grade appeal?

\_\_\_ Yes    \_\_\_ No    Date of Conference: \_\_\_\_\_

Please describe in detail the basis of your grade appeal and the remedy you are seeking:


A decision on your grade appeal will be mailed to you in approximately two weeks. If you have any questions, please contact the Department of Social Sciences at 713-221-8014.