

**Grade Appeal Application
University of Houston-Downtown**

Name: _____ Student ID#: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Email: _____

College: Business Sciences and Technology
 Humanities and Social Sciences University College
 Public Service

Course Name & Number: _____
Instructor: _____ Course CRN: _____
Semester: Fall Spring Winter (Mini-Semester) Summer (I II III)

Date of initial contact with Course Instructor to discuss this matter: _____

Grade Appeal may one be granted on the grounds of one or more of the following reasons:

Mistaken Grade Entry Miscalculation of Grade Misapplication of Syllabus Criteria

**** Changes of unfair discriminatory treatment such as racial, gender, age, or religious discrimination should be directed immediately to the Department Chair under PS 02.A.15 Sexual Harassment Policy and PS 02.A.20 Affirmative Action Policy.*

In order to complete this Grade Appeal Application, please attach a written argument which clearly explains why you believe that your grade has been "inaccurately calculated." Please attach the necessary documentation to support your claim. (This application will not be considered if the written portion of this application is not provided.)

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Department Chair

This appeal was investigated and no action was necessary.

This appeal was investigated and it was necessary to change the student's grade.

Grade changed from: _____ Grade changed to: _____

Signature: _____ Date: _____

Dean of the College

Signature: _____ Date: _____