

Student Grade Appeal Form

Name:		LCC I.D. #:	
Mailing Address:			
City:	State:	Zip:	
I,	, am appealing tl	ne grade for	
The course was taught by Professo	r		in the
department of		durin	g the
term.			

- 1.1. Statement on Grade Changes: The appeal for a grade change is a very serious matter with regard to the academic rights of both the professor and the student. The following policy has been approved by the appropriate faculty committees.
- 1.1.1 All grade appeals must be initiated within one year of the assignment of the original grade.
- 1.1.2 No grade appeal will be considered unless the student has made a bona fide effort to resolve the matter with the professor.
- 1.1.3 The student must submit the completed form to the **Academic Director** for review and discussion with the student.
- 1.1.4 The **Academic Director** will request that the professor respond to the appeal by completing the "Faculty Response to Student Grade Appeal" form and submitting the completed form to the Academic Director for review and discussion.
- 1.1.5 Using the information in the two forms, the **Academic Director** will attempt to resolve the situation.
- 1.1.6 If the Academic Director is unable to resolve the situation, the **Academic Director** will submit both forms to the **VP of Instruction** for resolution by the **VP of Instruction**.



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2.2	Student: Answer the following questions which are addressed to you. Please type.
2.2.1	Student: Explain your view of the situation. Attach supporting documentations.
2.2.2	Student: Give a description of your activities in the course. This might include test grade, class participation, term paper grade, or attendance. Attach supporting documentation.
2.2.3	Student: What do you think should be done?
2.2.4	Student: Have you met with the professor to resolve the matter?
	If yes, explain the outcome of the meeting.