

# CENTRAL STATE UNIVERSITY

Wilberforce, Ohio 45384

## APPEAL FOR CHANGE OF GRADE

Date \_\_\_\_\_

Name: \_\_\_\_\_

Student #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address \_\_\_\_\_

Major \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

I AM REQUESTING A HEARING TO CHANGE THE GRADE RECORDED IN THE FOLLOWING CLASS:

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

COURSE # \_\_\_\_\_ SECTION # \_\_\_\_\_ GRADE RECORDED \_\_\_\_\_

INSTRUCTOR NAME \_\_\_\_\_

EXPLAIN CLEARLY THE CIRCUMSTANCES RELATING TO THE NEED FOR THIS APPEAL. BE SURE TO INCLUDE ADEQUATE INFORMATION TO DESCRIBE THE SITUATION (*Please print or type using black ink*).

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*(If necessary, attach additional documents to support this petition)*

**UNIVERSITY PERSONNEL ONLY**

STUDENTS PLEASE DO NOT WRITE ON THIS SIDE

The faculty member who recorded the grade is aware that the student disagrees with the grade and indicates that the student did bring the issue to his/her attention. The faculty member acknowledges that a resolution could not be reached.

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chairperson:**

The faculty member is aware of the students desire to appeal the grade? \_\_\_ Yes \_\_\_ No

Does the faculty member believe that the assigned grade is justified? \_\_\_ Yes \_\_\_ No

CIRCUMSTANCES/FINDINGS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**College Dean**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forward for Committee Review on \_\_\_\_\_ (Date)

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

**DECISION OF REVIEW COMMITTEE**

\_\_\_\_\_  
APPROVED (Submit Grade Change Form to Registrar with a copy of this appeal)  
CHANGED FROM \_\_\_\_\_ TO THE GRADE OF \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

\_\_\_\_\_  
NOT APPROVED (Grade remains as submitted)

**NAMES OF THE REVIEW COMMITTEE MEMBERS (Must be 3 tenured faculty members):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF COMMITTEE CHAIR \_\_\_\_\_

\_\_\_\_\_