Appeal of Final Course Grade

Please see Final Course Grade Appeal Policy and Procedure for explanation of the steps in the process of a final course grade appeal and deadlines. A student may NOT formally appeal a final course grade until he/she has had an informal consultation with the instructor concerning the final course grade within the designated time period.

**APPEAL TO INSTRUCTOR**

Date Appeal Submitted by Student: _______________________

Student Name: ________________________________   Student ID Number: _________________________
Instructor Name: ______________________________  Course Name and Number: ____________________
Course Term: __________________________________

Reasons for Appeal: (attach additional information if necessary)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

DATE INSTRUCTOR RECEIVED: ___________________________

Instructor’s Response to Student’s Appeal: (Please attached additional information if needed)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

DATE STUDENT NOTIFIED OF DECISION: __________________________________

Indicate method used for student notification:  ____ email (provide copy)
_____ in person (student must sign acknowledging receipt of response)
_______________________________ Acknowledgement of Receipt of Decision by Student

Student signature / Date: __________

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**APPEAL TO DIVISION CHAIR**

Date Appeal Submitted by Student: _______________

Student Name: _______________________________   Student ID Number: ____________________
Instructor Name: _____________________________  Course Name and Number: ____________________
Course Term: ________________________________

Date Appeal Received by Division Chair: _______________

**Reasons for Appeal:** See front page of form; no new information may be presented by student per policy.

Division Chair Response: Please attach written Memorandum of decision and reasons.

DATE STUDENT NOTIFIED OF DECISION: _______________________

Indicate method used for student notification:  ____ email (provide copy)
_____ in person (student must sign acknowledging receipt of response)
_______________________________ Acknowledgement of Receipt of Decision by Student

Student signature / Date: __________
APPEAL TO VICE PRESIDENT FOR ACADEMIC AFFAIRS

Date Appeal Submitted by Student: ______________

Student Name: _______________________________   Student ID Number: ____________________  
Instructor Name: _____________________________  Course Name and Number: ______________  
Course Term: ________________________________  
Date Appeal Received by Vice President for Academic Affairs: ________________  

Reasons for Appeal: See front page of form; no new information may be presented by student per policy. NOTE: Vice President may appoint a review committee to advise him regarding the appeal.

Vice President for Academic Appeals Response: Please attach written Memorandum of decision and reasons.

DATE STUDENT NOTIFIED OF DECISION: ____________________________  
Indicate method used for student notification:  ____  email (provide copy)  
________ in person (student must sign acknowledging receipt of response)  

_________________________________ Acknowledgement of Receipt of Decision by Student  
Student signature / Date: __________

APPEAL TO THE PRESIDENT

Date Appeal Submitted by Student: ______________

Student Name: _______________________________   Student ID Number: ____________________  
Instructor Name: _____________________________  Course Name and Number: ______________  
Course Term: ________________________________  

Student must submit a formal letter requesting an appeal to the President. (E-mail requests will not be accepted) The appeal must contain:

The Letter requesting an appeal with reasons for appeal; and  
The entire record of appeals, including this completed form, all responses and supporting documents submitted at each stage of the appeal.

Date Appeal Received by President: ______________

DATE STUDENT NOTIFIED OF DECISION: ____________________________  
Indicate method used for student notification:  ____  email (provide copy)  
______ in person (student must sign acknowledging receipt of response)  

_________________________________ Acknowledgement of Receipt of Decision by Student  
Student signature / Date: __________

NOTE: The student may appeal to the Board of Regents as provided in the Policy Manual of the Board of Regents at www.usg.edu

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