

Grade Appeal Form



This appeal form is to be used when a student feels a mistake has been made in his/her grade. The Grade Appeal Form must be submitted **the next morning** after grade check to the Athletic Office (no exceptions).

Date of Grade Check: _____ Date "Grade Appeal" Turned in: _____

STUDENT NAME: _____

I am appealing:

My grade in the class of: _____

Teacher: _____

Grade Received: _____

Why are you appealing this grade? Please provide written reasons for why you feel your grade does not fairly reflect your academic performance. The reasoning for appealing your grade cannot challenge the teacher's classroom standards and rules. Your appeal letter must also specify the outcome that you are seeking from the appeal.

Student Signature: _____ Date: _____

Decision Made by Appeal Committee: Appeal Approved: _____ Appeal not Approved: _____

Reasoning: _____