

**COWLEY COLLEGE  
STUDENT GRADE APPEAL FORM**

**General Information:** Grade change appeal request must be submitted to the Vice President of Academic Affairs according to the current policy of the College (263.00). Requests must be submitted in writing using this fully completed form and then will be considered. **Students must contact the instructor prior to completing this form.**

\_\_\_\_\_ Student ID# \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Course: \_\_\_\_\_

\_\_\_\_\_ Dept. \_\_\_\_\_ Course # \_\_\_\_\_ Section # \_\_\_\_\_ Course Title \_\_\_\_\_ Instructor \_\_\_\_\_

Please check the semester and year the course was taken:

Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Grade received \_\_\_\_\_ Grade you think you should have received \_\_\_\_\_

Did you contact the instructor?  Yes  No. Contact the instructor prior to submitting this form. Reason for requesting a grade change (attach additional sheets if necessary):

Reviewed	Approved
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ *Instructor Signature                      Date	<input type="checkbox"/> Changed on permanent record _____ <input type="checkbox"/> Grade report sent to student _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ VP of Academic Affairs                      Date	<b>Disapproved</b> <input type="checkbox"/> Letter sent to student _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ Registrar Signature                      Date	

\*If a recording error, Instructor must submit a complete copy of the grade book and show the recording error.