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  Disapproved

☐ Approved  ☐ Disapproved

*Instructor Signature  Date

☐ Approved  ☐ Disapproved

Approved

☐ Changed on permanent record ______________

☐ Grade report sent to student ______________

Disapproved

☐ Letter sent to student ______________

______________________________________________________________________________

______________________________________________________________________________

Reviewed  Approved  Disapproved

☐ Approved  ☐ Disapproved

VP of Academic Affairs  Date

☐ Approved  ☐ Disapproved

Disapproved

☐ Letter sent to student ______________

Registrar Signature  Date

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