



## STUDENT GRADE APPEAL FORM

STUDENT NAME: \_\_\_\_\_

SID: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT: (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

Address: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

*This form should be filled out completely and delivered to the Associate Dean/Dean of Instruction's office for the purpose of reviewing the issue and receiving advice on how and where to proceed.*

*Incomplete forms will be returned.*

### PREVIOUS STEPS TAKEN TO RESOLVE THE ISSUE

The college expects the student to address concern by first meeting and/or discussing the concern with the course instructor and documenting the discussion with notes.

Date concern was address: \_\_\_\_\_

How it was addressed (check all that apply):  Meeting  Email  Phone  CANVAS  Other

*Attach any supporting documentation directly to this appeal form.*

### EXPLAIN CONCERN REGARDING YOUR GRADE

Please check the box that best defines your concern:

Error in Grading  Grade was not based upon academic performance or policy  Other

### RESOLUTION SOUGHT (required)

What do you hope the outcome will be?

I understand Bates Technical College will use the information I have provided to assist with investigating and resolving my complaint. I consent to Bates Technical College's disclosure of any protected or confidential information that may be needed to review and investigate this complaint. I hereby declare that the information on this form is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary actions, in accordance with college disciplinary policies.

Student Name Printed \_\_\_\_\_

Student Signature \_\_\_\_\_

Person Receiving Form \_\_\_\_\_ Date \_\_\_\_\_