CENTRAL CONNECTICUT STATE UNIVERSITY APPEAL FOR GRADE CHANGE

(PLEASE PRINT)

A student who wishes to appeal a grade must first meet with the instructor for the course by the end of the second week of classes of the first full semester after the semester in which the grade was awarded. If, after meeting with the instructor, the student still wishes to appeal the grade, he/she must complete this form, attach all relevant supporting documents and submit the materials to the instructor's department chairperson, by the end of the fourth week of classes of the first full semester after the semester in which the grade was awarded. (The Appeals for Grade Changes Policy provides details about the procedure if the instructor cannot be contacted.)

Here is a list of documents that should be attached to the form:

- An inventory list of materials provided or Table of Contents;
- A course syllabus (preferably the one provided to the student at the beginning of the course);
- A detailed statement explaining why the student believes his/her grade should be changed. The statement must include, at a minimum:
 - o a list of the student's grades in the course;
 - a list of changes that should be made to those grades, with explanations;
 - o an explanation of why those changes would necessitate a change in the course grade;
- All documents that are necessary to support the student's position (graded homework
 assignments, graded examinations, medical documentation, statements from other students
 or faculty, etc.); if some of the student's work has not been returned to the student by the
 instructor, the student should include a list of documents that have not been returned to
 him/her;
- An explanation of why the student did not meet with the instructor by the end of the second week of classes of the first full semester after the semester in which the grade was awarded, if that is the case.

Before submitting this form, the student must read the current Appeals for Grade Changes Policy, which can be found on the Registrar's Office's website.

Student's name:		CCSU ID numb	er:	
Address:	E-mail address:			
Telephone:		Total # of credit earned:	S	
Instructor's name:		Course title:		
Course number:		Section number	:	
Semester:		Credit value of	course:	
Grade Received:		Grade Requeste	d:	
Student's Signature:		Date:		
ALL ROWS BELOW THIS ONE MUST BE LEFT BLANK BY THE STUDENT				
Department Chairperson's Name:				
Signature:			Date:	
Dean's Name:				
Signature			Date:	