California State University, Long Beach

COLLEGE OF ENGINEERING

GRADE APPEAL REQUEST AND ROUTING SHEET

Student’s name as listed on the official grade report (PRINT): ________________________________

Student Number: _______________ E-mail: ___________________ Phone: ___________________

Street Address: ______________________________________________________

City: ____________________ State: _______ Zip Code: __________

Request a change of grade from ______ to ______ Course #: ___________ Section #: __________

Instructor’s Name: _____________________________________ Semester/Year: ___________________

Discussed the grade appeal with the instructor: Instructor’s Signature: ___________________ Date: _______

Date grade appeal package submitted to Department Office: _____________________________

Recipient signing on behalf of the Department: Signature: ___________________ Date: _______

Meeting with the Department Chair and Instructor: Dept. Chair’s Signature: ___________ Date: _______

List of supporting document(s) attached to this request: (If you have more documents, continue on the reverse side.)

(Burden of proof rests upon the student.)

1.

2.

3.

Student’s Signature: ___________________________ Date: ________________

DEPARTMENT GRADE APPEAL COMMITTEE DECISION

Grade Appeal Action: Approved: _________ Disapproved: __________

Department Grade Appeal Committee Chair: Signature: __________________ Date: __________

If approved, the Change of Grade form submitted to Enrollment Services: Date: ______________

If disapproved, appeal forwarded to College Grade Appeal Committee per student’s request: Date: __________

Recipient signing on behalf of the College Grade Appeal Committee: Signature: ___________ Date: __________

COLLEGE GRADE APPEAL COMMITTEE DECISION

Grade Appeal Action: Approved: _________ Disapproved: __________

College Grade Appeal Committee Chair: Signature: ___________________ Date: __________

If approved, the Change of Grade form submitted to Enrollment Services: Date: ______________

If disapproved, appeal forwarded to University Grade Appeal Committee per student’s request: Date: __________

Revision: MKD 9/25/02