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| **Grade Appeal 1 – STUDENT Form** |
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| ***INSTRUCTIONS****: This form should be completed by the student within seven (7) calendar days following the posting of final course grades by the Registrar’s Office. Prior to completing this form, the student should read the complete Grade Appeals Policy in the SU Policy Manual (Volume V), which is available on the Academic Affairs portal site or through the WebXpress link to the Student Forms-Traditional menu.**The form should be completed electronically, printed, signed, then scanned and distributed by Stevenson email as a PDF file to the faculty member named in Section 2, to* *registrar@stevenson.edu* *and to the appropriate academic administrator.\* Students may also sign this form by typing their name on the signature line.* ***HANDWRITTEN FORMS WILL NOT BE ACCEPTED.*** |
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| **1. STUDENT INFORMATION** |
| **Last Name:** Click here to enter last name. | **First Name:** Click here to enter first name. |
| **ID Number:** Click here to enter ID number. | **Declared Major:** Click here to enter major. |
| **School:** Click here to enter school. |
| **Degree Program:** | [ ]  Undergraduate (UG) | [ ]  Graduate (G) |  |
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| **2. FACULTY INFORMATION** |
| *Please provide the following information regarding the faculty member serving as the instructor of record for the course in which the grade appeal is being made.*  |
| **Last Name:** Click here to enter last name. | **First Name:** Click here to enter first name. |
| **Campus Email:** Click here to enter campus email. |

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| **3. COURSE INFORMATION** |
| *Please provide the following information regarding the course in which the grade appeal is being made. If you are unsure about which department, program and/or school administers the course, a list of all course prefix designators with the corresponding departments/programs, schools, and academic administrators is available on the Academic Affairs portal site.*  |
| **Course Prefix Designator, Number, Section:** Click here to enter course designator, number, section. |
| **Course Title:** Click here to enter course title. |
| **Department/Program Offering the Course:** Click here to enter department/program. |
| **School:** Click here to enter school. |
| **Academic Term:** | [ ]  Fall | [ ]  January | [ ]  Spring | [ ]  Summer | **Year:** Click here to enter year.  |
| **If SUO, then session:** | [ ]  SEM | [ ]  5W1 | [ ]  5W2 | [ ]  5W3 | [ ]  8W1 | [ ]  8W2 | [ ]  10W | [ ]  WE |
| **Final Course Grade Received:** Click here to enter grade received. |

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| **4. GROUNDS FOR GRADE APPEAL** |
| *Grade appeals are not permitted when the student simply disagrees with the considered academic judgment of the faculty member about the grade that should be issued. The student must establish that the grade should be changed because the grade:*[ ]  *is not consistent with specific procedures or standards established for the course;*[ ]  *is a result of a calculation error;*[ ]  *was assigned for inappropriate reasons; or*[ ]  *was assigned in an arbitrary and capricious manner.**When a student appeals a final grade, the student has the burden to establish that the grade should be changed, and this burden applies to each of the steps described in the grade appeal policy. A student is not permitted to pursue a grade appeal for a final course grade that reflects a sanction for academic misconduct.**Please state the grounds for the grade appeal in a clear, complete, and concise narrative. Please attach any relevant materials in support of the appeal, including a copy of the course syllabus and/or other relevant program information.* |
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| Click here to explain the reason. |
| **Are any supporting materials attached to this form?**[ ]  No[ ]  Yes [Please describe: Click here to enter type(s) of supporting materials.] |

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| **5. SIGNATURE** |
| *The student should complete Section 6, and then print, sign and date this form prior to scanning it into a PDF file. Any attached materials should be scanned with this form into the PDF file. Students may also sign this form by typing their name on the signature line.*  |
| [ ]  **By checking this box, I acknowledge that I have read and understood the Grade Appeals Policy.**  |
| **Name (printed):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **6. COPIES** |
| *Copies of the completed Grade Appeal 1 – STUDENT Form are emailed as a PDF file to the faculty member, to* *registrar@stevenson.edu* *and to the appropriate academic administrator.\* Please provide the relevant name(s) below.* |
|[ ]  **Name of faculty member:** Click here to enter name of faculty member. |
|[ ]  **Name of academic administrator:** Click here to enter name of academic administrator. |
|[ ]  **Registrar (registrar@stevenson.edu)** |
| \*The appropriate academic administrator is understood to be the Program Coordinator (PC), Department Chair (DC), Associate Dean (AD), or School Dean (SD) who directly oversees the course in which the grade is being appealed. The list of academic administrators is available on the Academic Affairs portal site, as is a list of all course prefix designators with the corresponding departments/programs, schools, and academic administrators. |