VSU Final Course Grade Appeal Form

Policy (also see VSU catalog): The evaluation of academic work is the prerogative of the instructor and the rules for determining final course grades should be established by the instructor and given to the students in a course syllabus at the beginning of the semester. A student who believes grounds exist for an appeal of a final course grade must first consult informally with the instructor.

The grade appeal procedure is not to be used to review the judgment of an instructor in assessing the quality of a student's work. Possible grounds for an appeal are items such as the following:

(a) An obvious error in the calculation of the grade.
(b) The assignment of a grade to a particular student by application of more exacting requirements than were applied to other students in the course.
(c) The assignment of a grade to a particular student on some basis other than performance in the course.
(d) The assignment of a grade by a substantial departure from the instructor's previously announced standards.

Students who believe they have a case that meets these grounds must follow this process:

(1) Instructor: First discuss the appeal with the instructor responsible for the grade assigned. If the matter is not resolved, the appeal shall continue as follows:
(2) Instructor's Department Head
(3) Dean of the College or Director of Division in which the course was taught.
(4) (for graduate courses) Dean of the Graduate School
(5) Office of the Vice President for Academic Affairs.

Instructions: The student must first appeal a grade to the instructor who awarded it. This process must begin within 30 working days after the registrar’s office has posted final grades. Once the appeal process is initiated, the burden of proof is on the student.

Student will complete this part of the appeal form and return it with copies of all materials relevant to the appeal to the instructor. The instructor will require time to review the material before rendering a decision on the appeal. After the instructor has had the chance to review the appeal, the instructor and the student should meet to discuss it. If the appeal is not resolved at this level, the next level is the department head.

Student’s Name:_________________________ ID#________________________
Mailing Address:_________________________ Email ___________________
Phone # (@permanent address)__________________ Local Phone____________
Course Title_________________ CRN# ______ Section ______ Instructor_______
Semester & Year Taken _________ Final Grade ______ Today’s Date__________
State below, the chief reason(s) for the grade appeal. Attach any necessary additional documentation.
II. Instructor’s Section. (to be completed within 14 days of receipt)
The instructor should review the materials submitted by the student, meet with the student, and then complete this section.

Date form received by Instructor: _______________

I recommend a change of original grade from ___ to a grade of ___ and have attached a completed grade change form.

OR

The original grade of _____ is sustained.

Instructor’s Comments (attach additional sheets if needed):

__________________________________________

Instructor’s Signature

Date of Meeting with Student

Does the student wish to continue the appeal? Yes _____ No _____
If the student decides to continue the appeal, this form and materials submitted by the student and the instructor will be forwarded by the instructor to the department head

__________________________________________

Student’s signature
III. **Department Head’s Section** (to be completed within 10 days of receipt)

Department Heads should review the student’s case for appeal as well as the instructor’s comments, meeting with both the instructor and the student.

Date received by Department Head ________________

The instructor has opted to change the original grade from _____ to _____, and the grade change form will be processed.

**OR**

Original grade of ____is sustained.

**Dept. Head’s Comments** (attach additional sheets if needed):

__________________________

__________________________

Department Head’s Signature  
Date of Meeting with Student

**Does the student wish to continue the appeal?**  
Yes ______  
No ______  

If the student decides to continue with the appeal, this form and materials submitted by the student and the instructor will be forwarded by the department head to the dean.

__________________________

Student’s signature
IV. **Dean or Director’s Section** (to be completed within 10 days of receipt)
Deans or Directors should review the materials submitted by the student, the instructor, and the department head, meeting with the department head and instructor as needed and with the student.

  Date received by the Dean: __________________

The instructor has opted to change the original grade from ______ to ______, and the grade change form will be processed.

  OR

Original grade of ____ is sustained.

**Dean or Director’s Comments** (attach additional sheets if needed):

__________________________

__________________________

Dean or Director’s Signature  Date of Meeting with Student

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**Does the student wish to continue the appeal?**  Yes ______  No ______

If the student decides to continue with the appeal, this form and materials submitted by the student and instructor will be forwarded by the dean to the Vice President for Academic Affairs (in the case of graduate students, appeals are next forwarded to the Dean of the Graduate School).

__________________________

Student’s Signature
FOR GRADUATE STUDENTS ONLY

Graduate Dean’s Section (to be completed within 10 days of receipt; for appeals in the summer, please consult with the Graduate Dean)

The Graduate Dean should review the materials submitted by the student, the instructor, the department head, and the dean, meeting with the instructor, department head, and dean as needed and with the student.

Date received by the Dean: __________________

The instructor has opted to change the original grade from ______ to ______, and the grade change form will be processed.

OR

Original grade of ____ is sustained. If student appeals this decision, student signs below and all pertinent materials are forwarded to the Vice President for Academic Affairs.

Graduate Dean’s Comments (attach additional sheets if needed):

__________________________
Graduate Dean’s Signature

__________________________
Date of Meeting with Student

Does the student wish to continue the appeal? Yes ______ No ______

If the student decides to continue with the appeal, this form and materials submitted by the student and instructor will be forwarded by the dean to the Vice President for Academic Affairs.

__________________________
Student’s Signature
V. Vice President for Academic Affairs Section

Date received _________________

Reviewed by: ____________________________  ________________

Vice President  Date

Notice of decision sent to student: Date _________________

Notified by: _________ Email

_________ Mailed Notification to Permanent Address

_________ Faxed Notice

If requested by student, date of meeting _________________