Nashville State
Community College
Student Grade Appeal Form

Name_________________________________________ Student ID: ____________________________

Address: _____________________________________ City/State: __________________________ Zip Code: ____________

Telephone Numbers: (Home) _____________________ (Work) ___________________________ (Cell) _______________________

Email Address: ________________________________________________________________

Course Title, Number, Section, and CRN: ____________________________ Semester and Year: ____________

Reason for Appeal: (Check all that apply)

☐ Instructor has not used criteria stated in the course syllabus (course syllabus must be attached).

☐ Instructor has applied criteria inequitably (include specific example(s) of how instructor treated students differently or was unfair in grading).

☐ Instructor has made errors in the calculation or recording of grade.

Explanation for Grade Appeal

Explain your reason for appealing your grade and be as specific as possible. Attach any supporting documentation. The following are examples of supporting documentation: copy of course syllabus, emails to and from the instructor, and graded assignments. (Attach additional pages if more space is needed.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Check one of the following:

☐ I have communicated with my instructor about this grade but have not been able to resolve this issue.

☐ I have not communicated with my instructor because ____________________________

________________________________________________________________________

________________________________________________________________________

Student Signature: ____________________________ Date: __/____/____

Revised August 2012
Grade Appeal Comments

Student Name

And Signatures

Student ID  Semester

Course

Instructor Response

☐ The original grade is fair and accurate.

☐ An error may have occurred, and I recommend a change from _____ to ______.
   I will submit a Change of Grade Form to the Records Office.

Comments: (Attach additional pages as needed)

Instructor Signature:  Date of Response: ____/____/____

Division Dean/Director Response  I have reviewed this appeal and have made the following determination:

☐ I concur with the findings of the instructor.

☐ I disagree with the findings of the instructor and recommend a grade change from _____ to _____.
   I will submit a Change of Grade Form to the Records Office.

Comments: (Attach additional pages as needed)

Division Dean/Director Signature:  Date of Response: ____/____/____

Vice President for Academic Affairs  I have reviewed this appeal and have made the following determination:

☐ Decision Sustained. (Grade issued is correct)

☐ Decision Overturned.

☐ This issue is not appealable.

☐ Convene Grade Appeal Committee

Comment:

Vice President for Academic Affairs Signature:  Date of Response: ____/____/____

For Office Use Only

Date Submitted To VPAA:

Revised May 2017