DICKINSON STATE UNIVERSITY

FORMAL GRADE APPEAL APPLICATION FORM

Having completed the informal grade appeal process by first discussing the matter with the instructor and then requesting written resolution from the Department Chair, I am **not** satisfied with the response, therefore, I , _____ EMPL #_____, CURRENT ADDRESS _____, PHONE #_____hereby request through this signed form that a **formal appeal** process through a review committee be commenced by the college dean of which the course was taken, on my behalf for the purpose of reviewing and re-evaluating the grade that I received in:

- Name of course: _____
- Semester in which course was taken: _____
- Name of instructor: _____
- The grade that I received was a/an: _____
- I believe that I should have received the following grade in this course:_____

I believe the grade that I received is incorrect and/or unfair for the following reasons:
(BE SPECIFIC) **(*Note: Feel free to attach other supporting documents to this grade appeal form.)***

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Date: _____ Signature of Student: _____

Date: _____ _____

Signature of College Dean