

GRADE APPEAL: Submission and Tracking (GASAT)*

PART A: Student completes and submits to Instructor no later than the last day of the following next long semester after final grades have been posted.

Name: _____ SID: _____ Tel: _____
 Email: _____ Cell: _____
 Address: _____ Final Grade: _____
 Instructor: _____ Sem/Year: _____ Course: _____

Reason for appeal: *Check all that apply; attach documentary evidence to support each one checked*

- Mathematical/Clerical calculating error More exacting requirements for one and not others
 Basis of grade assigned other than course performance Substantial departure from announced grading standards
 Extenuating circumstances such as illness, incapacity or absences of the instructor

Student's signature: _____ Date submitted: _____ Received by: _____
(Department representative: Print name)

PART B: Instructor to complete and submit to Chair within 10 working days of Part A receipt. Instructor to provide copy to student and the Dean of Student Engagement & Retention. [If resolved, return original GASAT to Dean/SE&R]

I, _____ have met with _____ to discuss this appeal. Date to Chair: _____
(instructor's name) *(student's name)*
 Grade change recommended: From _____ to _____ Final grade sustained (*attach explanation for either decision*)
 Instructor sign/date: _____ Student sign/date: _____

PART C: Department Chair completes within 10 working days of Part B receipt. Distribution as indicated below.

I, _____ have met with both instructor and student to discuss this grade appeal.
(Chair's name)
 Instructor opts to change grade: From _____ to _____ Final grade sustained (*attach explanation for either decision*)
 Chair's signature: _____ Date: _____ Date copies sent: _____
 Original to: Student (if unresolved) Copy to: Instructor Dean Dean/SE&R [original if resolved]

PART D: If unresolved, student completes and returns to Chair within 10 working days from receipt of Part C.

I, _____ request that this grade appeal comes before a Grade Appeals Committee.
(student's name)
 Student's signature: _____ Date: _____ Date received by Chair: _____
 Copy to: Dean Instructor Dean/SE&R Date copies sent: _____

PART E: Chair to complete, distribute as indicated below. Grade Appeal Committee to be convened within 10 working days from receipt of Part D.

Composition of Grade Appeals Committee	Faculty representative:	
Department Chair (<i>non-voting</i>):	Faculty representative:	
Faculty representative*:	Faculty representative:	
<small>*must come from department in which disputed course grade originated</small>	Faculty representative:	

Composition signed as approved by Divisional Dean: _____ Date: _____

Date Committee Convened: _____ Signed by Chair: _____
 Grade change recommended: From _____ to _____ Final grade sustained (*attach explanation for either decision*)
 Copy to: Student Dean Instructor Dean/SE&R Date copies sent: _____

PART F: Dean's review of Grade Appeals Committee recommendation due within 5 working days of receipt of Part E
Note: The decision made in Part F of the Grade Appeals process is final.

Date submitted to Dean: _____ Date of revision: _____ Dean's signature: _____

I _____ have reviewed the materials and processes of this Grade Appeal. As a result, I:
(Dean's name - or Dean's designee)
 certify that policy was followed and concur with the findings of the Grade Appeals Committee
 find evidence of procedural error and, therefore, will convene a new Grades Appeal Committee to re-examine the material and recommend an outcome. The timeline will begin again from Part E of this form.

Original to: Dean/SE&R Copy to: Student Chair Instructor Registrar [if grade changed] Date copies sent: _____

Failure to begin this process with the Dean of Student Engagement and Retention renders this form void.