



Academic Grade Appeal Form

Office of Records & Registration
 1480 Nashville Pike
 Gallatin, TN 37066
 v. 615-230-3466
 f. 615-230-3645

Documentation will be required to support any statements within this appeal request and must be turned in with the appeal packet

Name _____
 Student V# V _____
 Home Address _____

 Preferred E-mail _____
 Preferred phone _____

2019 Committee Meeting Dates:
 January 18, 2019
 March 15, 2019
 April 26, 2019
 Completed appeals must be received one week prior to the committee

Please complete the following information regarding the course or courses for which you are:

- Requesting a retroactive (late) withdrawal
- Requesting additional time to complete a course "I" (incomplete)
- Change grade from to .

Course Title				
Course Number				
Section Number				
Instructor				
Semester that you took this course				
Year that you took this course				

Check box if you were receiving financial aid during the disputed semester.

All students have the option to appear before the committee when their cases are heard.

Do you wish to make a personal appearance before the Committee?

Yes No

Student's Signature _____ **Date:** _____

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When submitting a Final Grade Appeal or a request for a Late Withdrawal, you **must complete all THREE steps indicated on page 2 and 3** (note that incomplete appeals may **not be reviewed by the committee and may result in your appeal expiring**):

Step 1. I met with and/or emailed the course instructor (name) _____ on
(date): _____

Or

I met with and/or emailed the department chair/dean (name) _____ on
(date): _____

Please include all relevant correspondence in your appeal packet.

Student's Signature _____ **Date:** _____

Do you need help on how to approach your course instructor?

Sample withdrawal email:

Sample for appealing a grade email:

<p>Professor _____,</p> <p>My name is _____. I am appealing for a late withdrawal from your course _____, which I took in _____ (semester and year).</p> <p>(State the reason why you are requesting the late withdrawal.)</p> <p>Do you support the withdrawal?</p> <p>Thank you, Your name</p>
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<p>Professor _____,</p> <p>My name is _____. I am appealing the grade I was given for your course _____, which I took in _____ (semester and year).</p> <p>(Provide a brief statement explaining why you feel you should have earned a different grade, and be specific.)</p> <p>Could we meet to discuss this matter?</p> <p>Thank you, Your name</p>
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It is **YOUR** responsibility to contact the instructor. Your appeal will **NOT** be processed without completing this step. If you need help obtaining instructor information please see the following division contact information.

Division	Phone number	Location
Business & Technology	615-230-3301	Mattox 101-B
Health Sciences	615-230-3330	Wallace 102-O
Humanities	615-230-3201	SRB 208
Math and Science	615-230-3261	Warf 100
Social Science & Education	615-230-3231	Caudill 222
TN eCampus (RODP)	615-230-3382	Warf 126

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STOP- It is the student's responsibility to complete step 1. If you have not met with the instructor or the department chair/dean, the committee cannot review your appeal, and it may expire.

Step 2. I have attached a Student Explanation, which is a detailed explanation of my request. This may include an explanation of what the issue is and what you have done about this problem so far. Also, provide a summary of the evidence you have supporting your request. Indicate the resolution you are seeking from this appeal.

Step 3. I have attached copies of all relevant materials/evidence, including:

- a) ___ the relevant assignment(s), paper(s) or examination(s);
- b) ___ the instructor's comments or notes about the assignment, paper or examination;
- c) ___ the course syllabus and/or outline;
- d) ___ relevant correspondence between the instructor and student; and
- e) ___ any other information or documentation that is relevant to my appeal.

IMPORTANT: A FINAL GRADE APPEAL MAY RESULT IN AN INCREASE, A DECREASE, OR NO CHANGE IN THE ORIGINAL GRADE.

Student's Signature _____ Date: _____