VSU FINAL GRADE APPEAL PROCESS AND FORM

Last Revised May 2013

POLICY
Students who have just cause to appeal the assignment of a grade must first discuss the problem with their instructor. Further appeals are then directed, in order, to their instructor’s Department Head, and Dean. Copies of the final course grade appeal policy, procedures, and form are available in the Office of the Registrar.

RATIONALE FOR GRADE APPEALS
Any student considering a grade appeal should understand that each faculty member has the right and responsibility to determine grades according to any method chosen by the faculty member as long as these methods follow professional and disciplinary standards, are clearly communicated to everyone in the class, and are equally applied to all students. Therefore, grades should only be appealed under circumstances such as the following:
(a) The assignment of a grade to a particular student by application of more exacting requirements than were applied to other students in the course.
(b) The assignment of a grade to a particular student on some basis other than performance in the course.
(c) The assignment of a grade by a substantial departure from the instructor’s previously announced standards.

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 nor is it to be used if the student disagrees with the instructor on how the course was conducted. Such concerns should be shared with the instructor and/or the appropriate department head.

INFORMAL PROCESS
If a student does not understand the reason for a grade, it is the student’s responsibility to consult the instructor of the course.

FORMAL PROCESS
If, after consulting the instructor, the student’s situation fits into one of the categories listed above, the student may initiate an appeal according to the procedures given below. The burden of proof rests with the student.

All grade appeals should be viewed as confidential matters between the student, the instructor, and the appropriate administrators and must be completed in the time allotted unless an extension is authorized by the appropriate dean.
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 for the term in which the course was taken.

Student will complete this part of the appeal form and forward it with **copies of all materials relevant to the appeal to the instructor** (materials MUST include the class syllabus, copies of any instructions or guidelines for any assignments in question, copies of any graded assignments in question, and should include any other materials relevant to the appeal, such as emails, list of days absent, etc.). **Appeals may not move forward without complete documentation.**

Student’s Name:_________________________________ID#____________________

Mailing Address (street address, city, and zip code):_____________________________________

VSU Email _______________________

Phone # (@permanent address)________________________Local Phone/Cell Phone____________________

CourseTitle____________________CRN#_____Section___Instructor_____________

Semester &Year Taken ___________Final Grade ______ Today’s Date____________

State below (or in attached Word document) the chief reason(s) for the grade appeal. Please include list of any attached documentation to support the appeal and attach those documents.
II. Instructor’s Section. (to be completed within 14 working days of receipt of grade appeal form)

The instructor should review the materials submitted by the student, consult with the student as needed, and then complete this section.

Date form received by Instructor: _______________

___ The student has made the case for a grade change, and I have attached a grade change form, changing the grade from ____ to ____

OR

___ The student has not made the case for a grade change

OR

___ The grade appeal does not fit the stated criteria and has been forwarded to the department head.

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

__________________________________________________________________________

Instructor’s Signature ___________________________ Date when decision communicated to student ________________

Decision communicated to student _____ in person _____ by letter _____ by email

Does the student wish to continue the appeal? (the student must signify whether he or she wants the appeal to move to the next level within 14 working days from the date of the instructor’s decision)

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 or attached email of consent ___________________________ Date ____________________________
III. Department Head/Director’s Section (to be completed within 14 working days of receipt)

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

Date received by Department Head/Director ______________________

_____ The grade appeal does not fit the stated criteria and has been forwarded to the Dean.

   OR

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

   OR

_____ Instructor sustained the original grade, and I agree ______ or disagree ______

Department Head/Director’s Comments (attach additional sheets if needed):

________________________________________________________

Department Head/Director’s Signature                  Date when decision communicated to student

Decision communicated to student      _____ in person     _____ by letter      _____ by email

Does the student wish to continue the appeal? (the student must signify whether he or she wants the appeal to move to the next level within 14 working days from the date of the department head/director’s decision) 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/director to the dean.

__________________________________________
Student’s signature or attached email of consent                  Date
IV. **Dean’s Section** (to be completed within 14 working days of receipt)

Deans should review the materials submitted by the student, the instructor, and the department head/director, consulting with the department head/director, instructor, and student as needed.

Date received by the Dean: __________________

____ The appeal does not meet the stated criteria and should be discontinued.

OR

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

OR

____ Instructor sustained the original grade, and I agree _____ or disagree ______

OR

____ I have elected to change the grade from ______ to _______, and the grade change form will be processed.

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

________________________  _______________________
Dean’s Signature          Date when decision communicated to student

Decision communicated to student   _____ in person   _____by letter   _____by email