

GRADE APPEAL PETITION

Grade to be appealed must be initiated no later than the end of the semester following the semester in which the grade was awarded. Return this form to the Dean of Undergraduate Studies and provide a copy to the Registrar's Office (Crownpoint).

GRADE APPEAL DATE: _____

Student Name: _____

Address: _____

Contact Phone: _____

e-mail address: _____

Course for which grade appeal is sought: _____

Instructor: _____ Semester/Year: _____

Campus (circle one): Main, Chinle, Zuni, Bond Wilson, TNP

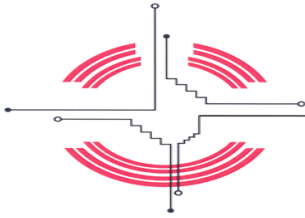
Student has informally discussed the circumstances surrounding this grade on:
_____ with instructor. The outcome of this discussion was:

OR

Student was unable to discuss this grade with instructor because: _____ -
_____.

Description of basis for student's appeal:

Resolution sought by student: _____



Signature of Student

Date

FOR OFFICIAL USE ONLY:

Referred to: _____ on Date: _____

Action by Dean of Undergraduate Studies: _____

ACTION TAKEN: _____

Additional Procedural Information: _____

APPEAL CONCLUDED: _____

Dean of Undergraduate Studies Signature

Date

Notice sent to Student on: _____ by: _____

Copy given to Registrar on: _____ (Date)