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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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)