





Kansas City Kansas Community College

Grade Appeal Form

Student Name \_\_\_\_\_ ID \_\_\_\_\_

Course \_\_\_\_\_ FA/SP/SU Year \_\_\_\_\_

Instructor \_\_\_\_\_ Grade Received \_\_\_\_\_

Please state the basis for this appeal and provide evidence to support it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Statement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcome:

- \* the final grade should stand at \_\_\_\_\_
- \* the final grade should be raised to \_\_\_\_\_
- \* the final grade should be lowered to \_\_\_\_\_

\_\_\_\_\_ I concur with the outcome. \_\_\_\_\_  
 \_\_\_\_\_ I do not concur with the outcome. *Student Signature* *Date*

\_\_\_\_\_ I concur with the outcome. \_\_\_\_\_  
 \_\_\_\_\_ I do not concur with the outcome. *Faculty Signature* *Date*

\_\_\_\_\_  
*Academic Dean*                      *Date*                      Grade Change Form Required?    YES/NO  
Date Initiated                      \_\_\_\_\_

*Grade Appeal Committee (attach summary of meeting)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Outcome:*

- \*    the final grade should stand at                      \_\_\_\_\_
- \*    the final grade should be raised to                      \_\_\_\_\_
- \*    the final grade should be lowered to                      \_\_\_\_\_

\_\_\_\_\_ I concur with the outcome.                      \_\_\_\_\_  
\_\_\_\_\_ I do not concur with the outcome.                      *Student Signature*                      *Date*

\_\_\_\_\_ I concur with the outcome.                      \_\_\_\_\_  
\_\_\_\_\_ I do not concur with the outcome.                      *Faculty Signature*                      *Date*

\_\_\_\_\_  
*Chair*                      *Date*                      \_\_\_\_\_  
*Standing*                      *Date*

\_\_\_\_\_  
*Standing*                      *Date*                      \_\_\_\_\_  
*Discipline*                      *Date*

\_\_\_\_\_  
*Academic Dean*                      *Date*

*Vice President of Academic Affairs Review:*

\_\_\_\_\_  
*VPAA*                      *Date*                      \_\_\_\_\_ Approve  
\_\_\_\_\_ Return to Committee

Grade Change Form Required?    YES/NO

Initiated

\_\_\_\_\_