

College of Health Professions
Grade Appeal Review Form

(if additional space is required add additional pages and label appropriately)

Student: _____ PLID: _____

Local Address: _____ Local Phone # _____

Texas State e-mail address: _____

Department/program: _____ Course #: _____ Semester: _____

Faculty Member Who Assigned Your Grade _____

Required information to be completed by student:

You were aware of your right to appeal by:

- _____ Syllabus
- _____ Department Student Policy Manual
- _____ University Handbook
- _____ Instructor
- _____ Other Instructor
- _____ Another student
- _____ Other (please specify)

Date grade dispute was initially discussed with course instructor: _____

Date appeal was initiated: _____

Materials to be submitted in support of this grade appeal include:

___ course syllabus ___ graded course materials ___ Texas State/CHP policy supporting appeal

Student's rationale for grade appeal:

Signature of Student

Date

(When completed submit this form to the Course Instructor to initiate the appeal process)



Response to Grade Appeal by Instructor of Record:

Please respond to the following:

Date grade dispute was initially discussed with course instructor: _____

____ This response is based on materials submitted by the student (e.g. syllabus, graded material)

or

____ This response is based on additional materials being submitted by the faculty member (e.g. syllabus, graded materials, grade calculation)

Signature of Instructor of Record

Date

(Upon completion submit this form to the Department/Program/School Chair/Director)



Decision and Rationale of Chair/Director of Department/Program/School:

Signature of Chair/Director

Date

(Upon completion, provide this form to the Student to determine if continuation of the appeal process will occur)
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Student's Response to Chair/Director's Decision:

_____ I **accept** the Chair/Director's decision

Student's Signature

Date

(If accepted, file this form in the student's file)

_____ I **do not accept** the Chair/Director's decision and request the appeal be forwarded to the Dean's Office for additional review

Student's Signature

Date

(If not accepted, submit this form to the Dean to progress the appeal process)

Recommendation and Rationale of Grade Appeals Committee:

Signature of Grade Appeal Committee Chair

Date

(When completed, submit this form to the Dean for final consideration of the appeal)



Decision and Rationale of Dean:

Signature of Dean

Date