



GRADE APPEAL FORM

Student Name:		
Email:		
Course:	Teacher:	
Semester & Year Taken:	Grade Received:	Grade Requested:

Teachers have the right to judge the quality of academic work for their courses as they see fit. Consequently, the school administration will not consider any appeal that is made on the basis of a disagreement with a teacher over the content of an exam answer, paper, or other assignment.

Appeals are only considered by the school administration when they meet one or more of the following criteria. Please indicate which of the following criteria are being used as the basis of the appeal.

(Check all that apply)

- Teacher may have violated the terms of the syllabus.
- Teacher may have made an error in calculating or recording a grade.
- Teacher may have violated school/district policy when s/he gave assignments, administered exams, or assigned grades.
- Teacher may have applied an inconsistent grading standard across students.
- Teacher may not have allowed the student to complete assignments or exams missed during an excused absence.
- Teacher may have violated a written agreement with the student.

The following supporting documentation is required (unless otherwise noted):

- Explanation of what occurred and how the criteria checked above applies to the situation.
- Correspondence from instructor and Assistant Principal indicating that the appeal has been denied at those levels.
- Course syllabus
- Timeline of events relevant to the appeal
- Assignment or exam in question (if applicable)
- Copy of school/district policy (if applicable)
- Correspondence with instructor (if applicable)
- Any other documentation supporting the appeal

I declare that the information on this form and all supporting documentation is true, correct, and complete to the best of my knowledge and belief. I also understand that purposeful misrepresentation of my situation constitutes scholastic dishonesty and may make me subject to disciplinary action.

Student Signature

Date

Parent Signature

Date