



CITY COLLEGES OF CHICAGO Grade Appeal Form

DIRECTIONS: Appeal Procedure for Instructional Grading (Please refer to *Student Policy Manual, Part V* for complete Grade Appeal Process)

1. A student who wishes to appeal a final grade must first meet with the faculty member to review the criteria applied in assigning that grade. The student should initiate this discussion within thirty (30) calendar days of a student's receipt of the final grade by submitting this form to the faculty member with copies to the department chairperson and appropriate Dean.
2. The faculty member shall respond to the appeal by meeting with the student and rendering a written decision within seven (7) calendar days after receipt of the appeal.
3. If after this initial review the student is not satisfied, he or she may next appeal in writing to the department chairperson within fourteen (14) calendar days of the conclusion of discussions with the instructor. If the instructor is the department chair, the appeal must be submitted to the Dean of Instruction or equivalent College Officer. The chairperson or Dean shall complete the investigation and issue a decision within fourteen (14) days after receipt of the appeal.
4. If the student does not agree with the department chair's decision, the student may appeal in writing to the Academic Dean within seven (7) calendar days of receipt of the department chair's decision. The Academic Dean shall review the matter and issue a decision in writing within seven (7) calendar days after receipt of the appeal.
5. If the student does not agree with the Academic Dean's decision, the student may appeal in writing to the Academic Vice President within seven (7) calendar days of receipt of the Dean's decision.
6. If the student does not agree with the Academic Vice President's decision, the student may appeal in writing to the College President within seven (7) calendar days of receipt of the Academic Vice President's decision. The decision of the College President is final.

STUDENT INFORMATION:

Student ID: _____ Last Name: _____
 First Name: _____ M.I.: _____
 Date of Birth (MM/DD/YY): _____

CLASS INFORMATION:

Class Campus: _____ Term (SU, FA, SP): _____ Yr: _____ Session: _____
 Subject: _____ Catalog Nbr: _____ Section: _____ Class Nbr: _____
 Course Title: _____

State specifically the reason(s) for your grade appeal for the course listed above:

Student Signature: _____ Date (MM/DD/YY): _____

Faculty Signature: _____ Date (MM/DD/YY): _____

Department Chair Signature: _____ Date (MM/DD/YY): _____
(Provide comments and attach)

Action Recommended: Retain Grade Change Grade to: _____

Appropriate Dean Signature: _____ Date (MM/DD/YY): _____