



## Grade Appeal Hearing Committee Report – Exhibit I

**Date/Time of Hearing:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Committee Members**                      Print name    Signature

Faculty Representative: \_\_\_\_\_

Student Representative: \_\_\_\_\_

Program Lead, Program Director, Division Administrator, or Designee: \_\_\_\_\_

**Hearing Participants**                      Print name    Signature

Student    \_\_\_\_\_    \_\_\_\_\_

Student's support person                      \_\_\_\_\_    \_\_\_\_\_

Instructor    \_\_\_\_\_    \_\_\_\_\_

Instructor's support person                      \_\_\_\_\_    \_\_\_\_\_

Director of Behavioral Intervention (or Designee)                      \_\_\_\_\_    \_\_\_\_\_

Witness    \_\_\_\_\_    \_\_\_\_\_

Witness    \_\_\_\_\_    \_\_\_\_\_

Witness    \_\_\_\_\_    \_\_\_\_\_

Witness    \_\_\_\_\_    \_\_\_\_\_

### Committee Decision

\_\_\_\_\_ Deny appeal (Grade unchanged)                      \_\_\_\_\_ Support Appeal with grade change to: \_\_\_\_\_

\_\_\_\_\_ Unable to reach unanimous decision, no grade change action taken.

### Committee Comments