



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