



# FORMAL GRADE APPEAL REQUEST – EXHIBIT F

Student Name: \_\_\_\_\_ Grade Received: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Course : \_\_\_\_\_ Section: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

1. Which of the grade appeal criteria below apply to your request?
  - 1. The grade is allegedly based on an error in calculation.
  - 2. The grade assigned allegedly did not follow the grading criteria in the course syllabus.
  - 3. Both.
  
2. What grade do you believe you should have received? \_\_\_\_\_

Note:

Your request for a Formal Grade Appeal will be reviewed by the Director of Student Wellness to determine whether you meet the stated criteria and have adhered to the process. You are required to have exhausted all options for informal resolution with the instructor and department initially. Please attach the Informal Student Grade Appeal form including Step 1 (Instructor) and Step 2 (Program Lead, Program Director, Division Administrator or Designee) as part of the Informal Procedure which must be completed prior to any Formal Procedure and submit those with this form. The Student Grade Appeal Summary – Exhibit A is posted on the SC4 portal noting the procedural steps and Student Grade Appeal Timetable. If you do not follow this procedure and timetable, then you will not be considered for a Formal Grade Appeal Request.

3. Please provide evidence below that supports your position that one or both of the grade appeal criteria above was not followed. Also, you must attach the original Student Grade Appeal form here and add any other relevant information for review and consideration by the Grade Appeal hearing Committee.

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Student Signature Date

Return to: Director of Student Wellness  
St. Clair County Community College  
323 Erie Street; P.O. Box 5015  
Port Huron, MI 48061-5015