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

Updated April 2022 by dpg