



Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax: 304-462-8619 registrar@glenville.edu

Student's Name _____ Date: _____

Permanent Address _____ GSU ID # _____

Advisor: _____

Phone: Cell _____ Permanent _____

I am appealing a grade in: CRN-SUBJ-CRSE _____ Term/Year _____

Final Grade Assignment Quiz/Test Project/Paper Other: _____

Grade Assigned: _____ Grade I believe I earned: _____

Comments: _____

Student Signature: _____ **Date:** _____

I spoke to the student via _____ on _____ and we were able to resolve the issue.
(email/phone/in person) date(s)

I spoke to the student via _____ on _____ and we were not able to resolve this issue.
(email/phone/in person) date(s)

Instructor's Signature: _____ **Date:** _____

Comments: _____

If there is no resolution and the student wishes to continue with their appeal, this form must be forwarded to the Vice President for Academic Affairs within seven (7) workdays. The Appeal will then be forwarded to the Academic Appeals Committee. If there was a resolution and a grade change is warranted, the instructor must submit a Grade Change Request form along with this form to the Registrar's Office.

Academic Appeals Committee Recommendation: (if applicable) _____

Agree Disagree

VP for Academic Affairs: _____ **Date:** _____

Comments: _____