

**COLLEGE OF EDUCATION: MARK/GRADE APPEAL**

Student Name:		LIN #	
Course # and Title:		Instructor(s):	
Course Taken:	YEAR:	TERM (Check one.):	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

Mark Received (Please enter below):	Assigned Mark Covers (Please check one.):	Your Academic Program (Please check one.):
	<input type="checkbox"/> Entire course (final mark) <input type="checkbox"/> Homework assignment <input type="checkbox"/> Class project <input type="checkbox"/> Class presentation <input type="checkbox"/> Class participation <input type="checkbox"/> Field experience <input type="checkbox"/> Course paper <input type="checkbox"/> Other (please describe below):	<input type="checkbox"/> Comparative and International Education <input type="checkbox"/> Counseling Psychology <input type="checkbox"/> Educational Leadership <input type="checkbox"/> School Psychology <input type="checkbox"/> Special Education <input type="checkbox"/> Teaching, Learning & Technology <input type="checkbox"/> Non-degree <input type="checkbox"/> Other (please describe below):
Mark You Believe You Should Be Assigned Instead (Please enter below):		

Reason why you feel the assigned mark is inappropriate and the requested mark above is a more accurate reflection of your performance:  (Feel free to attach a separate document if you need additional space.)	
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Have you met with the instructor to discuss your mark and to request it be changed? (Check one.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of that meeting:	
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I hereby request that the mark the instructor has assigned be changed to more accurately reflect my performance.

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Student Signature (above)

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Date signed:

**ADMINISTRATIVE CONSIDERATION:**

Each person listed below is to review the student's request, the recommendations of those who have considered that request before him or her, and any information gathered in meeting with the student (if he or she chooses to meet with the student). If a person signing below is unable to fit his or her comments into the recommendation and signature block or wishes to include more comprehensive comments or information, he or she may prepare that as a separate document and attach it to this form.

Course Instructor(s):				Met w/Student? <input type="checkbox"/> YES <input type="checkbox"/> NO Date:
	Name(s)	Date	Recommendation & signature(s)	
Grad Program Director:				Met w/Student? <input type="checkbox"/> YES <input type="checkbox"/> NO Date:
	Name	Date	Recommendation & signature	
Department Chair:				Met w/Student? <input type="checkbox"/> YES <input type="checkbox"/> NO Date:
	Name	Date	Recommendation & signature	
Dean:				Met w/Student? <input type="checkbox"/> YES <input type="checkbox"/> NO Date:
	Name	Date	Recommendation & signature	