



Submit completed form with all appropriate signatures to the Office of the Provost at studentpetitions@mga.edu.

Before completing this form, students should review the Grade Appeal Policy located in the MGA Academic Catalog. Students who believe they have a case that meets the grounds defined in the paragraph below must follow the process as outlined in the Middle Georgia State University Academic Catalog.

Students must first discuss the appeal with the Instructor (or his/her designee) responsible for the grade assigned. This process must begin within 10 working days after the registrar's office has posted final grades. Once the appeal process is initiated, the burden of proof is on the student.

Grounds for Filing a Final Grade Appeal

The grade appeal procedure is not to be used to review the judgment of an instructor in assessing the quality of a student's work. Possible grounds for an appeal are items such as the following:

- 1. An obvious error in the calculation of the grade.
2. The assignment of a grade to a particular student by application of more exacting requirements than were applied to other students in the course.
3. The assignment of a grade to a particular student on some basis other than performance in the course.
4. The assignment of a grade by a substantial departure from the instructor's previously identified standards.

I. Student's Section

Please Print

Name

MGA ID 983-

Address

City/State/Zip

Major

Daytime Phone

MGA E-mail

Today's Date

Alt. E-mail

Course Title:

CRN:

Section No.:

Instructor:

Please use the next page to state the reason or reasons for the grade appeal. Attach any additional documentation pertaining to your complaint. All burden of proof is on the student.

II. Instructor's Section (to be completed within 10 days of receipt)

The instructor should review the materials submitted by the student, meet with the student, and then complete this section.

Date form received by Instructor: _____

I recommend a change of original grade from ____ to a grade of ____ and have attached a completed grade change form.

OR

The original grade of ____ is sustained.

Instructor's Comments (attach additional sheets if needed):

Instructor's Signature

Date of Meeting with Student

Does the student wish to continue the appeal? Yes _____ No _____

If the student decides to continue the appeal, this form and materials submitted by the student and the instructor will be forwarded by the instructor to the department head.

Student's signature

III. Department Head's Section (to be completed within 10 days of receipt)

Department Heads should review the student's case for appeal as well as the instructor's comments, meeting with both the instructor and the student.

Date received by Department Head _____

The Department Head has opted to change the original grade from _____ to _____, and the grade change form will be processed.

OR

Original grade of ____ is sustained.

Dept. Head's Comments (attach additional sheets if needed):

Department Head's Signature

Date of Meeting with Student

Does the student wish to continue the appeal? Yes _____ No _____

If the student decides to continue with the appeal, this form and materials submitted by the student and the instructor will be forwarded by the department head to the dean.

Student's signature

IV. Dean or Director's Section (to be completed within 10 days of receipt)

Deans or Directors should review the materials submitted by the student, the instructor, and the department head, meeting with the department head and instructor as needed and with the student.

Date received by the Dean _____

The Dean has opted to change the original grade from _____ to _____, and the grade change form will be processed.

OR

Original grade of _____ is sustained.

Dean or Director's Comments (attach additional sheets if needed)

Dean's Signature

Date of Meeting with Student

Does the student wish to continue the appeal? Yes _____ No _____

If the student decides to continue with the appeal, this form and materials submitted by the student and instructor will be forwarded by the dean to the Office of the Provost.

Student's signature

V. Office of the Provost Section

Date Received by the Office of the Provost

Panel Members: _____

Date Documentation sent to Panel Date of Meeting

Panel's Recommendation to the Provost

The **Panel** has opted to change the original grade from ____ to ____, and the grade change form will be processed.

OR

Original grade of ____ is sustained.

Provost's Recommendation

Date Received by the Provost

The **Provost** has opted to change the original grade from ____ to ____, and the grade change form will be processed.

OR

Original grade of ____ is sustained.

Provost's Comments (attach additional sheets if needed)

Notice of decision sent to student on: _____
Date

If requested by student, date of meeting (meeting occurs **after** grade appeal is complete): _____