



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
Address				City/State/Zip
Major				MGA E-mail
Daytime Phone				Alt. E-mail
Term	Year	Course Name/Number	CRN	
Instructor's Name				

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

Date

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 _____ to _____, and the grade change form will be from 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

Date

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

Date

V. Office of the Provost Section

Date Received by the Office of the Provost

Panel Members:

Name

Name

Name

Name

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)

Provost's Signature

Date

Notice of decision sent to student on:

Meeting request by student (meeting occurs after grade appeal is complete)

Meeting Date